

# Medical Economics



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OBER 1938

# HOW IMPORTANT ARE MINERALS IN THE DIET?



They are absolutely essential for the maintenance of an adequate state of nutrition. However, not infrequently an apparently minor mineral deficiency may weaken the body's defensive mechanism to such a point that

**Pregnancy,  
Infection, or any  
Other unusual tax**

**may lead to a prolonged  
period of convalescence.**

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# Medical Economics

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

OCTOBER 1938

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H. Sheridan Baketel, A.M., M.D., *Editor* • William Alan Richardson, *Managing Editor*  
Arthur J. Geiger and Patrick O'Sheel, *Associate Editors*  
Russell H. Babb, *Advertising Manager* • Lansing Chapman, *Publisher*  
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## ARTHRITIS • SYNOVITIS • FIBROSITIS

ONE of the chief principles of treatment is the local application of prolonged, moist heat—efficiently supplied by the medicated cataplasm

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*Prices of B-D Leather Goods are slightly higher west of the Rockies*

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# Speaking frankly

OCT. 1938

## BIRTHDAY

TO THE EDITORS: I always read MEDICAL ECONOMICS with great interest and much profit. It seems to me a very helpful journal on the important, and greatly neglected, business aspects of medical practice. I think it of particular value to the younger men to guide and guard them against mistakes we have had to learn from experience. I wish to extend my congratulations on its fifteenth anniversary.

John A. Kolmer, M.D.  
Philadelphia, Pa.

TO THE EDITORS: Congratulations on fifteen years of service to the profession. I enjoy reading your magazine. It covers a field that we get in no other journal. May the good work go on, "like the little brook, forever."

George R. Livermore, M.D.  
Memphis, Tenn.

TO THE EDITORS: MEDICAL ECONOMICS is one of the most useful journals that comes to our office. It fills a mission no other medical journal does.

Wingate M. Johnson, M.D.  
Winston-Salem, N. C.

TO THE EDITORS: Your journal is full of well-written information. Certainly, in these changing times, every physician ought to keep abreast of what's going on in medical economics. Although I fear the entrance of politics into medicine, I can't help feeling that changes are coming whether we want them or not. My hope is that when the new laws are passed, physicians can and will have

something to say about them. Every effort should be made to help legislators avoid mistakes made in other countries. Unfortunately, the politician rarely learns anything from the mistakes of others.

Walter C. Alvarez, M.D.  
Rochester, Minn.

TO THE EDITORS: After reading every number of MEDICAL ECONOMICS during its fifteen years' infancy, childhood, and early adolescence, I feel I have witnessed the growth of a very useful and healthy publication. Unheralded by the fanfare of many a less-needed magazine, it soon showed plenty of "kick." As far as I am concerned, its wealth of valuable material makes it the most eagerly-awaited medical publication. Without flattery, of the eight medical magazines I read regularly, MEDICAL ECONOMICS is the only one to be read from cover to cover. For an old-timer like me, I think that's "going some."

I. S. Trostler, M.D.  
Chicago, Ill.

TO THE EDITORS: Is it fifteen years since we dreamed of a publication such as MEDICAL ECONOMICS? As time has marched on, your publication has done much for the profession and has surely met its original purpose.

Alec N. Thomson, M.D.  
Brooklyn, N. Y.

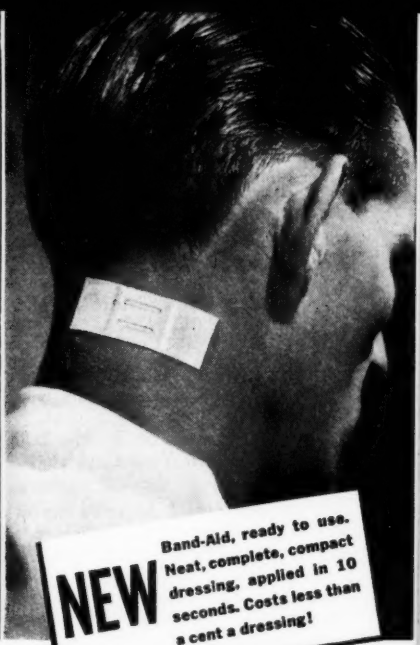
TO THE EDITORS: Medical practice is a combination of medical science and the exchange of medical for other services. Medical economics is concerned with this exchange. It is as

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## BIRTHDAY (Continued)

essential to health as medical science, for everything costs something in human effort. It is essential that there be a proper exchange of services. If doctors and public were more scientific-minded in economics, it would be better for all concerned. Your magazine helps in this direction.

William Gettier Herrman, M.D.  
Asbury Park, N. J.

TO THE EDITORS: What little I know about economics came from your enterprising sheet.

Smith Ely Jelliffe, M.D.  
New York City

TO THE EDITORS: I desire to express my appreciation of the privilege of receiving MEDICAL ECONOMICS. My staff is particularly interested as they find a great deal of helpful material. Perhaps the one who makes the most use of it is my executive secretary.

Harvey G. Beck, M.D.  
Baltimore, Md.

TO THE EDITORS: MEDICAL ECONOMICS, champion of the "doorbell-pulling" doctor, has continuously and zealously exposed him to a liberal education in a much neglected field. The rank and file of American medicine—largely through your efforts—believe that the distribution and cost of medical care should be geared to the present. We have not abdicated in favor of any single spokesman. What we need is an informed,

aroused, united front with aggressive, socially-conscious, tolerant leadership. Through the years you have labored diligently to have the physicians modernize the pattern of medical practice before the political tailors mutilate it. May you continue to exercise your stewardship in the unselfish interest of the recipients and dispensers of medical care in this country.

Hilton S. Read, M.D.  
Atlantic City, N. J.

TO THE EDITORS: Today it is recognized that there is greater need for discussion of medical-economic problems than clinical topics. That you are able to furnish your journal to physicians without expense is particularly important in these times and aids greatly in wider dissemination of significant material.

Burton Haseltine, M.D.  
Chicago, Ill.

TO THE EDITORS: Congratulations on fifteen years of useful service. Your magazine is a storehouse of valuable suggestions. From it, I've received many profitable hints. Concise and to the point, its articles are helpful without sacrifice of time in wading through unnecessary verbiage. MEDICAL ECONOMICS is most useful in solving the social, professional, and economic problems of the busy physician.

William D. McFee, M.D.  
Boston, Mass.

TO THE EDITORS: The far-sightedness of MEDICAL ECONOMICS has been shown to be correct. Each year, our



## In cardiac distress—THEONTRATE

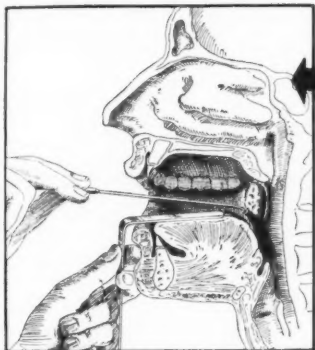
Undelayed absorption assures prompt effects. A Myocardial stimulant. Vasodilator and Diuretic in Concentrated Liquid Form. Supplied: 1 oz. dropper bottle. Write for sample and literature.

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# Pharyngitis and Tonsillitis

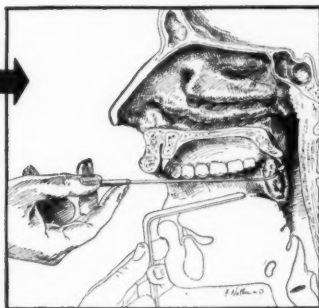
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# BIRTHDAY (Continued)

problems of organizing and distributing medical services have grown amazingly. There is scarcely a doctor who does not glance at the current issue to see: first, what is going on in the country that will affect his livelihood; second, a good idea to improve his practice. MEDICAL ECONOMICS is to be congratulated on the place it fills in the profession.

Spencer T. Snedecor, M.D.  
Hackensack, N. J.

TO THE EDITORS: On the fifteenth anniversary of MEDICAL ECONOMICS, I am happy to state that I look forward each month to seeing this delightful journal. It is remarkable how consistently high the caliber of your articles has remained throughout the years. Particularly, the common-sense stand on socialized medicine is commendable. I wish you a long and successful existence.

Wallace M. Yater, M.D.  
Washington, D. C.

TO THE EDITORS: I think you have a sensible publication that contains nuggets of wisdom of high value to the business side of the profession. Your editorials are always well-balanced, full of common sense, and interesting. I don't see how it can fail to be of great practical value to the profession.

J. W. Jervey, M.D.  
Greenville, S. C.

TO THE EDITORS: I like MEDICAL ECONOMICS from cover to cover.

Wayman J. Thompson, M.D.  
Oklahoma City, Okla.

TO THE EDITORS: My slogan is, "Keep Posted Through MEDICAL ECONOMICS."

Frank E. Brundage, M.D.  
Buffalo, N. Y.

TO THE EDITORS: Congratulations on MEDICAL ECONOMICS' fifteenth anniversary! I have always secured valuable data from it.

William Seaman Bainbridge, M.D.  
New York City

TO THE EDITORS: Frankly, when I first saw your journal and before I got in the habit of reading it, I imagined it would be rather inferior. Beginning to read the editorials, I was impressed by their wisdom, moderation, and opportuneness. No other medical publication covers the field that MEDICAL ECONOMICS does; nor in the highly-intelligent, versatile way.

Donald Miner, M.D.  
Amagansett, N. Y.

TO THE EDITORS: That you had the vision and judgment fifteen years ago to start MEDICAL ECONOMICS—a journal devoted to the business side of practice—should be a source of great satisfaction; especially in the light of what is going on today and the threat of Federalized medicine. Your journal has been, and is, far in advance of others in presenting the economics of medical practice.

Frederic J. Quigley, M.D.  
Union City, N. J.

TO THE EDITORS: I consider MEDICAL ECONOMICS a very interesting periodical.

Fred Wise, M.D.  
New York City

TO THE EDITORS: Thank you for the privilege of receiving MEDICAL ECONOMICS, which has contained much of practical interest to the physician.

W. Wayne Babcock, M.D.  
Philadelphia, Pa.

TO THE EDITORS: Reading scientific publications is necessary for the doctor's advancement. But it gives prac-

OCT. 4 1938

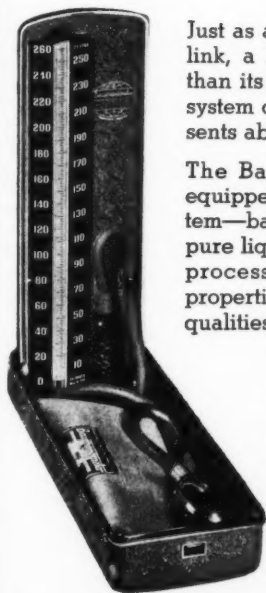
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**BIRTHDAY (Continued)**

tically no assistance in organizing and equipping his physical armamentarium. I welcome your little book every time it arrives.

Stanley R. Woodruff, M.D.  
Jersey City, N. J.

TO THE EDITORS: I read, enjoy and obtain many helpful ideas from **MEDICAL ECONOMICS**.

Louis F. Bishop, Jr., M.D.  
New York City

TO THE EDITORS: The reading matter in **MEDICAL ECONOMICS** contains a great deal of common sense in forms not found in other journals.

Ray Roberts Knight, M.D.  
Minneapolis, Minn.

TO THE EDITORS: **MEDICAL ECONOMICS** is a valuable medium through which up-to-date information on medicine's business problems has been disseminated. I wish especially to congratulate you on your timely, clear-cut editorials. On your fifteenth anniversary, I can only say, "Keep up the good work."

Oliver L. Stringfield, M.D.  
Stamford, Conn.

TO THE EDITORS: **MEDICAL ECONOMICS** has reached a point today where it represents a very important part of medical literature. You are to be congratulated.

Edwin J. Grace, M.D.  
Brooklyn, N. Y.

TO THE EDITORS: To the average M.D., who has to mind his expenditures to make a living, **MEDICAL ECONOMICS** is a kiss from heaven. Its fine, workable ideas are an inspiration. I wish it the success it deserves.

A. Poska, M.D.  
Seattle, Wash.

TO THE EDITORS: It's a pleasure to tell you how much help I get from your magazine. Before **MEDICAL ECONOMICS** came along, a physician no more dared discuss business methods than a lady dared to mention syphilis. Today these taboos are dead.

Your magazine has killed the bogey that a bank account is incompatible with the Hippocratic Oath. You have built up a standard of business ethics quite as high as those of medicine. The how-to-do-it articles are of great help to the young physician. I have followed many of the suggestions about record-keeping, collections, and office layout—with excellent results. In college, the economics of medicine is almost entirely neglected; which increases the value of your postgraduate course in the art of making a living.

W. Price Fitch, M.D.  
New York City

TO THE EDITORS: Congratulations to **MEDICAL ECONOMICS** for giving the medical profession a publication much needed and so helpful—particularly to younger men. I consider it the most interesting and constructive magazine of its nature in my library, and I file all copies for reference.

John H. J. Lappin, M.D.  
Portland, Me.

TO THE EDITORS: Fifteen years ago it was my pleasure to contribute to the second issue of **MEDICAL ECONOMICS**. Although I was convinced of the publication's desirability, I wondered how soon it would "fold." **MEDICAL ECONOMICS** and I have had few disagreements. But occasionally I questioned your judgment. May I apologize? Your batting average is still perfect.

**MEDICAL ECONOMICS** has never



*Palatable as a confection —*

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[VITAMINS A and D]

DON'T WAIT FOR WINTER to give vitamins A and D.

The body should be brought to a state of optimal saturation with vitamins A and D before winter. This will simplify the problem of maintaining the proper vitamin balance throughout the season of shorter days and longer periods of confinement indoors.

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- no fish-oil taste
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Prepared from the livers of various fish (excluding cod) and balanced to give a uniform, high potency of vitamins A and D, its flavor is that of natural orange.

Potency per teaspoonful (4 cc.) 3200 units Vitamin A, 400 units Vitamin D.

Available in 8 oz. and 16 oz. bottles.

Where a more concentrated preparation is desired, the following products, likewise free of the disagreeable features of fish-oil preparations, are recommended:

"VI-DELTA CONCENTRATE *Lederle* [Capsules]"

Each capsule (0.17 gram) contains 15,000 units Vitamin A and 1,870 units Vitamin D.

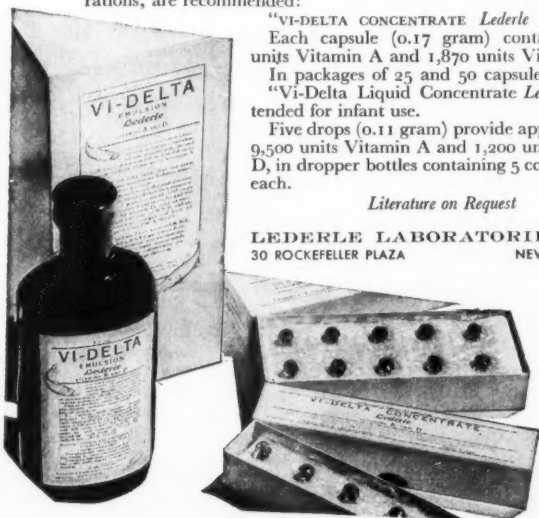
In packages of 25 and 50 capsules each.

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Five drops (0.11 gram) provide approximately 9,500 units Vitamin A and 1,200 units Vitamin D, in dropper bottles containing 5 cc. and 30 cc. each.

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OCT. 4 1938

### BIRTHDAY (Continued)

faltered in its purposes. It has set in motion many of the economic policies adopted by professional groups throughout the country. May it continue to plot the course for years to come.

Edward H. Marsh, M.D.  
White Plains, N. Y.

TO THE EDITORS: MEDICAL ECONOMICS is unique among medical periodicals. Its drastic, yet high-class editing is an example editors of scientific journals might follow with profit.

Frank Overton, M.D.  
Trenton, N. J.

TO THE EDITORS: After reading MEDICAL ECONOMICS for a great many years, I still look forward to its arrival each month. It contains many interesting and helpful articles.

Kenneth Johnson, M.D.  
New York City

TO THE EDITORS: When MEDICAL ECONOMICS first appeared fifteen years ago, many doctors looked at it askance. Why bother about economics? Since then, the viewpoint of physicians has changed—and rightly. MEDICAL ECONOMICS has done much to awaken the profession. Yours for continued trail-blazing.

Alfred E. Shipley, M.D.  
Brooklyn, N. Y.

TO THE EDITORS: I have enjoyed reading MEDICAL ECONOMICS. It has contained many good points which have been helpful.

Charles B. Gutelius, M.D.  
Indianapolis, Ind.

TO THE EDITORS: As a constant reader, it's a pleasure to state that MEDICAL

ECONOMICS has been, in my opinion, a great medium for the dissemination of information of a type no other journal has covered.

David A. Kraker, M.D.  
Newark, N. J.

TO THE EDITORS: I consider MEDICAL ECONOMICS one of the most interesting magazines of its kind. It provides reading which is brief and up-to-date, and the advertising is well presented. I thank you for receiving it.

William DeLue Anderson, M.D.  
Portland, Me.

TO THE EDITORS: I am writing to congratulate you on the fifteenth birthday of MEDICAL ECONOMICS. This little journal fills a real need and occupies a unique place in medical literature. Speaking for myself, it is read with much pleasure and profit and not cast into the wastebasket like mere advertising mediums.

Maximilian Stern, M.D.  
Daytona Beach, Fla.

TO THE EDITORS: Usually the physician dreads the profession's economic problems. "M.E." serves bitter pills in chocolate coating so that we can better digest them. Accept my congratulations in hailing the success of "M.E."

Howard Lee Norris, M.D.  
Indianapolis, Ind.

TO THE EDITORS: MEDICAL ECONOMICS exemplifies freedom of speech. It gives all sides of medical questions and an opportunity for many to express themselves. Some of these would, perhaps, not have this opportunity elsewhere.

M.D., Michigan

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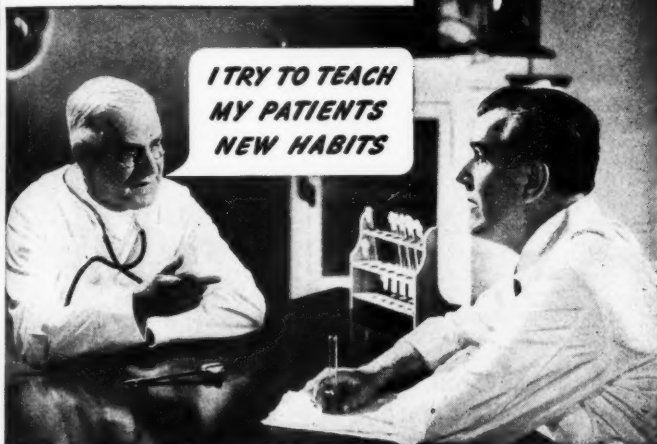
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OCT. 1938

## AS ONE PHYSICIAN TO ANOTHER—



### IN TREATING CONSTIPATION, this is what 9 PHYSICIANS out of 10 WOULD SAY . . .

New habits of elimination, new dietary habits are the basis of most successful treatment. However, in aiding in the re-establishment of such habits, a bland pure mineral oil may often be most helpful. And now, in

light of recent studies upon the effects of Vitamin B-1 in the gastro-intestinal tract, this important food factor may be an essential in restoring normal tonus to the neuro-muscular mechanism of the intestines.

### BOTH of these IMPORTANT AIDS are present in VITA NUJOL!

**VITA NUJOL** is a pleasant tasting mineral oil emulsion with pure crystalline Vitamin B-1 added. The concentration of the vitamin is such that the recommended average dose of Vita Nujol contains the average maintenance requirements for an adult (200 units).

**VITA NUJOL** will be found to be helpful not only in the treatment of constipation, but wherever

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A postal card will bring you free samples and descriptive literature. Stanco Incorporated, 2 Park Avenue, New York, N. Y.

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If youngsters squirm and adults object when you prescribe cod liver oil—if the unpleasant taste of some commercial, unaccepted oils defeats your efforts to correct Vitamin A and D deficiency—let us send you samples of an *easy-to-take* cod liver oil!

This is NASON'S Palatable Cod Liver Oil. The coupon below brings complimentary samples.

NASON'S is exceptionally palatable because it is steamed from *fresh* livers of Lofoten Island Cod, Norway's finest, a few hours after the catch. Moreover, it is slightly flavored to make it even more palatable. This is why both children and adults take NASON'S

Palatable Cod Liver Oil so readily.

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The Vitamin A and D potency of NASON'S Palatable Cod Liver Oil is exceptionally high. It is over *double* Vitamin A Standard U. S. P. XI; over 50% above Vitamin D Standards U. S. P. XI and N. N. R. Council on Pharmacy and Chemistry, A. M. A. This high-potency is *warranted*—kept constant by continual biologic assay.

Make sure that your patients are getting adequate Vitamin A and D intake! Prescribe by its *full name* NASON'S Palatable Cod Liver Oil.

For Complimentary Samples Mail Coupon Below

TAILBY-NASON COMPANY  
Kendall Square Station, Boston, Mass.

ME 10-38

Send free samples of NASON'S Palatable Cod Liver Oil.

Dr. ....  
Street .....  
City & State .....  
My Druggist is .....

# Doctor: We want you to taste this palatable soda tablet

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We make Carbex Bell entirely of sodium bicarbonate and aromatics because our doctors tell us that sodium bicarbonate properly used is the fastest acting and most dependable material known to medicine for relieving the symptoms of indigestion.

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Dr. ....

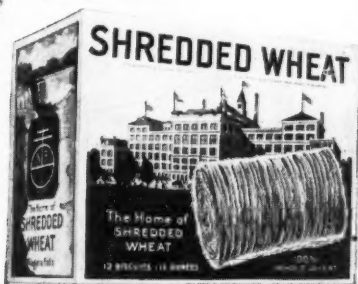
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OCT. 4 1938

# WHAT IS A "WHOLE FAMILY" BREAKFAST

## ANSWER:—

Food scientists find an answer in Shredded Wheat—the 100% whole wheat cereal—and milk. Body-building food for youngsters...for adults, the complete array of precious food elements that help repair tissues and supply needed energy. (Add natural, nutty whole wheat flavor plus fresh fruits in season and you have an unbeatable "whole family" breakfast. An excellent diet recommendation for your patients!)



# SHREDDED WHEAT

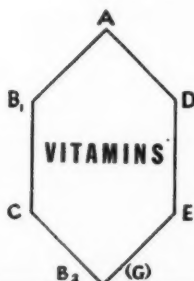
## BUILDS ENERGY

The Seal of  
Perfect Baking



SHREDDED WHEAT IS A PRODUCT OF NATIONAL BISCUIT COMPANY

OCT. 4 1938



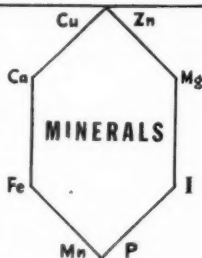
# VI-SYNERAL

WHERE DIAGNOSIS  
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MALNUTRITION  
*May Be the Root of  
the Evil*

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McLESTER<sup>1</sup> asks, "Is it not possible that a great deal of the vague ill health seen today . . . is produced by marginal diets in which the quotas of minerals and vitamins are grossly sub-optimal?" LEAGUE OF NATIONS<sup>2</sup> answers, "The Commission recognizes the fact that the deficiencies of modern diets are usually in the protective foods (foods rich in minerals and vitamins)."

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There is a standardized Vi-Syneral potency for every age group. Each box of 50 capsules equals the vitamin and mineral value of hundreds of pounds of fresh vegetables, fruit milk and other foods.

<sup>®</sup>Trade Mark Reg. U. S. Pat. Off.

1. Southern Medical J., August, 1938.
2. Report of League of Nations Health Committee, Dec. 6, 1935.

The original scientific formula of Vi-Syneral, pictured above in symbolic form, was developed after 26 years of vitamin-mineral research by Dr. Cusimír Funk and Dr. H. E. Dubin.

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FOR

## Non-Specific Asthenia

CONCERNING the effect of glycooll in the asthenic though otherwise normal adult, Wilder<sup>1</sup> has stated that "patients and subjects who are simply tired obtain relief" and they "seem to be able to go farther and do more before fatigue sets in."

Glycolixir is a most palatable preparation of Glycooll Squibb. By reason of its glycooll content it exerts definite protein-sparing and detoxifying actions which, singly or together, effect beneficial results in underweight, loss of

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<sup>1</sup> Wilder, R. M.: General Discussion, Proc. Staff Meet., Mayo Clinic 9:606 (Oct. 3), 1934.

### Supplied in two highly palatable dosage forms:

**ELIXIR**—One tablespoonful presents 1.85 Gm. glycooll in a specially blended base of fine wine. Average adult dose: three tablespoonfuls daily.

**TABLETS**—The tablets present 1.0 Gm. glycooll each. They are pleasantly flavored and distinctively colored. Also useful where the alcohol in the elixir may be undesirable. Average adult dose: two tablets, t. i. d.

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MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858



OCT. 4 1938



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There are occasions when the colon needs "persuasion" without "urging" to evacuate its contents, especially in children. This gentle prodding can be well accomplished with LORAGA, the plain mineral oil emulsion with agar-agar, noted for its exceptional palatability.

The fine ingredients of Loraga are so thoroughly emulsified that freedom from oily after-taste is achieved without artificial flavoring and disguise. Loraga may be taken undiluted or diluted, it may be added to milk or to any other liquid or semi-solid food. It contains no sugar, alcohol or alkali. A good intestinal softener and lubricant, that unlike plain mineral oil, mixes thoroughly with the intestinal contents and stays mixed. It forms no pools, it causes no leakage . . . Loraga is available in 16-ounce bottles.

# LORAGA

Please write on your letterhead for a trial supply



William R. Warner & Co., Inc., 113 W. 18th St., New York City

# Iron ...

## FOR THE INFANT

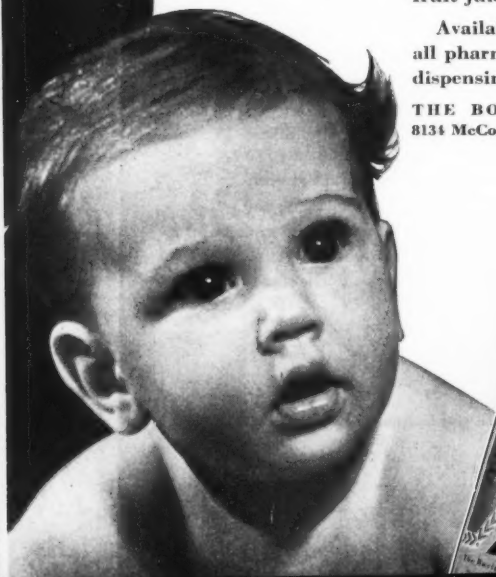
Protection against secondary anemia is essential for the infant during the first year of life. While a limited supply of iron is stored during the pre-natal period, this reserve is frequently dissipated during the lactation period.

The infant's reserve supply of iron may be supplemented by Neobovinine with Malt and Iron, an excellent source of liver, iron and mineral salts essential to the regeneration of hemoglobin in the red blood cell.

Neobovinine with Malt and Iron is a thin, palatable liquid preparation easily combined with milk or fruit juices for infant feeding.

Available on prescription, at all pharmacies, in eight ounce dispensing bottles.

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# SIDELIGHTS

OCT. 1938

Fifteen years ago this month, we sat in a room in lower New York City, feeling pretty glum.

Partly responsible were the surroundings. The room did not have much more than the single glaring bulb, the battered typewriter, the oaken desk at which we sat. Outside, the fall wind sighed through the trees of City Hall Park; whimpered 'round the eaves of the old colonial structure, deserted hours earlier by its Tammany guardians. From the harbor, a vessel groping its way into port hooted mournfully.

At that hour, our dream of interesting our colleagues in the application of economics to medicine did not seem too rosy. On the keys of the typewriter our fingers paused, chilly and still. Out of the darkness around us came the whispers of the doubters:

"Sure, it's a good idea;" (hand waving derisively) "but it's too limited. In two issues, the subject will be exhausted."

"Exist on advertising alone?" (chuckle, chuckle) "No journal can keep on without subscription charges. You're crazy!"

"So you want to discuss medicine's—er—*business* problems? (toying with expensive ring) "Do you think it's quite *comme il faut*?"

One thing in the room we almost forgot to mention: A picture of Thomas Sydenham, the 17th-century physician who founded the *practice* of medicine. From the wall, it stared at us. Six or seven times we got up, resolved to chuck the whole idea; only to sink back shamefacedly as we caught those bright, black eyes burning into our own.

It set us thinking about the sub-

ject of that portrait, about how, in contrast to many others of his time, Sydenham never insisted on the superiority of his own theories. Nor did he plump for any special remedy. Essentially, he was an observer who studied his patients ceaselessly, a man whose mind was always open to the suggestions of his colleagues. In time, he became an encyclopedia of knowledge concerning the then-new art of medical practice; behind him he left monumental examples of medical reporting that still find their way into the textbooks. Through it all, Thomas Sydenham never lost the attitude of the natural scientist, the constant eagerness to learn the use of tools he felt sure existed.

Perhaps, the thought struck us, it would be the same with medical economics, our name for 1923's embryo science. We looked at our friend on the wall and he seemed to smile.

Encouraged, we began tapping



out an editorial. Under the title, "Salutatory," we struggled to convey our impression of what medical economics embraced, and what its future possibilities were. That editorial appeared in our first issue, in October, 1923. And when it did, Dr. Sydenham's picture was on the cover.

As we look back today, our original definition of medical economics seems feeble and shadowy. So much

has happened since those uncertain days. The trembling with which we took the radical plunge seems now almost laughable. So, too, the hesitancy with which we preached our cause—for the first time in this country—at the Long Island College of Medicine.

Yet much of the humorous aspect may be the result of the movement's development beyond those beginnings: the institution of similar courses by the nation's medical schools on this once "too commercial" topic; the establishment of permanent medical-economics committees by county and state societies and even by the A.M.A. itself.

If there were those who doubted in the beginning, there were also those who encouraged. Some, like the late Royal S. Copeland, our first contributor, have departed this earth. Others—such as William Gerry Morgan, Smith Ely Jelliffe, and Terry M. Townsend—have gone on to the profession's topmost rung.

Into the gaps left by those who have moved upward have stepped, more than 100,000 strong, the private practitioners of the nation—observers, scientists, sharers—all in the burgeoning field of medicine. To them we dedicate this, their magazine, on the fifteenth anniversary of its birth.

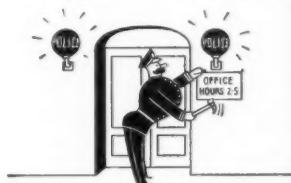


An amateur, says the dictionary, is one who loves his art but is not professionally engaged in it.

Few arts, it appears, have as many lovers as the art of healing. Innocent bystanders (innocent of medical training, that is) pour whiskey down the paralyzed throats of accident victims. Fence-leaning neighbors advise pontifically on the treatment of colds. Push-cart peddlers purvey eye-glasses to uncritical purchasers. To these amateur invasions—except where human risk

is great—doctors react with indifference or even amusement.

Latest well-meaning unlicensed medical practice is sponsored by



John Law himself. New York's Police Commissioner, Lewis J. Valentine, has placed his imprimatur on a "psychological clinic" established by the Patrolmen's Benevolent Association. Its purpose: to permit policemen to "talk over" their troubles. Its staff: Patrolman William N. McDonald, who has been attending night classes in psychology.

Officer McDonald, says the news release, will "hold consultations at his home as well as at the clinic."

No protest appears to have come from physicians. It's just one more thorn in the medical mattress. And besides, you can't fight City Hall.



"Eternal vigilance is the price of liberty," said John Philpot Curran in 1808.

Yet, while delegates wrangled recently about the phrasing of a new constitution for the nation's most populous state, physicians yawned, seemingly bored by parliamentary prattle. Doctors vigilant at the bedside were disinterested in New York's constitutional convention.

Result? The draft of the proposed document carries a paragraph reading: "The Legislature may provide for the protection by insurance of otherwise against the hazards of unemployment, sickness, and old age."

Railroaded through just before the close of the convention, the in-

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innocent-sounding, yet all-important word "sickness" had, in an earlier session, been excluded from this generous clause. Concerted action by organized medicine might have stopped it the second time, too. But August was hot, and medical societies did not meet, and committeemen fled to escape the summer weather.

Too hot for the doctors, it wasn't too hot for medicine-meddling politicians. To rescind this dangerous enabling clause, which flings the door open to health insurance, the state's medical organizations must now fight to defeat an entire "social welfare" paragraph—a cause likely to be highly unpopular.



When Assistant Attorney General Thurman Arnold filed charges against organized medicine of being a "vested interest," he took the narrow view. He might, for instance, have peeped at the other side of the fence, where comfortably dwell that broad class known as welfare workers. It is no secret that this group has engineered the drive for government medicine, that it expects to be called to the driver's seat as soon as the publicity machine has worked up sufficient steam.

As the self-appointed shepherds of the masses, these workers instinc-



tively prefer a static society. Nor, generally speaking, are they fitted for anything else. Amply supplied with the fruits of past initiative, they resent the competition of today. It jars their statistics, upsets their

fundamental values—including the endowments of their institutions. It is only natural that they should consider the private practitioner a professional *entrepreneur*; hence, something to be combatted.

But it goes beyond mere preference. To resort to Mr. Arnold's phraseology, the welfare groups have a "vested interest" too—in maintaining poverty. Of them might aptly be said what Frederick Soddy once pointed out about the radicals: "The most vocal on the wrongs of the poor and exploited have vested interests in their continuance."

Whether or not they deserve investigation as a "trust," of course, is one of those questions that must be left to Mr. Arnold. But one thing is certain: The direction of their economic interests hardly qualifies them as the best of guardians for our patients.



It's all a matter of relativity. Take such intangibles as good taste, sound ethics, propriety. No Einstein is needed to see that these abstractions are *relative*—that what is good taste now may have been bad taste then, that what's proper here may be improper there.

For the big city doctor, good taste demands dignity, aloofness, distance. For the small-town country doctor, good taste means mixing in with the folks. Thus—when Dr. Leon Pope held, in a tiny Tennessee town, an open-house reunion for the 1500 babies he had delivered, it was hailed as a wholesome gesture.

City cynics would probably have sniffed critically at such a party, condemning it as an undignified "stunt." But pleased Tennesseans endorsed the house-warming as typical Southern hospitality.

All of which proves again that the way the picture looks depends on where you sit.

# **JOBS in the CIVIL SERVICE**

BY ARTHUR J. GEIGER

*Hidden away in the various Federal bureaus are a number of civil service positions for physicians, paying from \$2,000 to \$7,500 per year. Where these jobs are, what they offer, and how you can get them is told in this article.*

For every 65 private practitioners in the United States, there is one Government civil service doctor. To him, the joys of being one's own boss are unknown. Nor has he much chance of eventually landing on New York's Park Avenue or Los Angeles' Wilshire Boulevard. Nor of obtaining that eminence among his colleagues which causes them to regard his opinions with something akin to reverence.

But for certain men—especially those to whom a certain amount of regimentation is not distasteful—life in the Government service has its advantages.

The average civil service doctor works seven hours a day. When he is through, he is *through*. Nobody gets him out of bed when Mrs. Guadalupe is about to have twins. His salary may not allow him a Rolls-Royce; but it is sufficient to keep a home, wife, children, and himself up to what used to be called the American standard of living. Furthermore, the element of security is somewhat greater than usual.

There are few strings attached to a civil service pay-check. Nor must the Federal physician worry about office rent, buying expensive equipment, or collecting fees. Uncle Sam (perhaps, in justice, the honor should go to the tax-payer) foots the bill.

Wherever he is, the Government doctor enjoys generally good working conditions. He is allowed a month's vacation every year, plus 26 days' sick leave (some departments allow only fifteen), and compensation if he is disabled in line of duty. Against his declining years, an annuity awaits him.

The service is sufficiently varied to suit the most individual temperament. If the doctor yearns to pass his time in an ivory-towered



*Germs work on Government time for this civil service researcher.*

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laboratory, instead of in the hustle and bustle of private practice, the National Institute of Health is a "natural." Should he hanker after adventure, he may find his career treating sealers in a Bureau of Fisheries outpost near the Bering Sea.

Getting a *particular* job in a particular branch of the service is of course difficult. But in an organization as large as the Federal Government, openings of one kind or another are constantly occurring. In fact, the personnel expansion threatens, before long, to become a regular parade.

One indication of this was gained in a recent talk with a civil service official at Washington. He confided to MEDICAL ECONOMICS that the Department of Agriculture's Food and Drug Administration will shortly be seeking additions to its medical staff. Reason: the Department's new Food, Drug, and Cosmetic Act needs interpretation.

Another spot that can stand watching for job possibilities is the Public Health Service. This agency already employs more civil service physicians than any other Government division, except the

Veterans Administration. And, if the predictions of its leaders come true, it is due to be ballooned to several times its present size.

Further extension of Government activity—into such fields as child welfare—is bound to increase the demand for doctors. Many will undoubtedly be enlisted from the standing ranks of the civil service.

Naturally, the first question any potential Federal employee wants to know is:

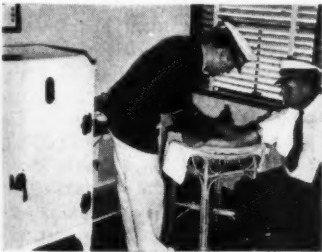
*What jobs are offered?*

Unfortunately, no general list exists. In fact, so sparse is the Government's data on this point that civil service authorities themselves decline to guess at the number of medical positions under their control! To give a rough idea of the usual type of opening, however, MEDICAL ECONOMICS has compiled its own list which accompanies this article.

Examinations are held, on the average, about once a year. Written examinations are no longer required; the applicant merely fills out several forms. These are called an "unassembled examination" and are graded as such.

The number of positions thrown

Photos from U&U, Black Star



Pan American Airways' pilots get a routine Federal malaria inoculation.



A boon to seamen is the civil service doctor's periodic sex instruction.

open annually varies considerably. The Commission announces each examination by a printed bulletin. These bulletins describe vacancies, salaries, duties, basis of ratings, qualifications, etc. They may be obtained in the civil service examiner's office at your local post office or custom house.

The Government will *not* accept general applications for medical work; you *must* name the job. Here, the law of averages may be against you. For after you have made up your mind, you will probably find no examination for that job on the immediate horizon. And you cannot apply for it until an examination is announced.

In such a situation, you have two choices.

You can compromise by applying for a position that is available. Or you can wait until the preferred vacancy occurs.

If your heart is set on a special type of employment, and you can afford to wait, write the U. S. Civil Service Commission, Washington, D. C., for *Form 376*. This is a small card on which are spaces for name, address, and examination desired, plus the question, "Are you a veteran?" Returned to the Commission, it assures your being notified of any examinations that take place within *three years* after the date of filing. After that period, it must be renewed. You can request information regarding as many examinations as you like. But a separate card must be used for each request.

Suppose, on the other hand, you decide to apply for one of the positions immediately offered. The announcement will then inform you whether you have the quali-

fications. These vary according to the individual position.

The routine when applying for positions is the same in all cases. Every candidate has to make out *three* forms. Two of these—Nos. 2 and 2398—ask general questions about the applicant and his ability, such as would be required by any prospective employer. The third—No. 13—certifies to your physical fitness. It must be signed, of course, by a physician other than yourself. There are no fees of any kind, except, perhaps, a small notary charge.

In Washington, applications are read and graded by a board of three M.D.'s. If you are a World War veteran, you are favored; 5% is then automatically added to your rating. If you were wounded in the war, your mark is boosted 10%. Finally, if you are very lucky, you will be one of the three applicants with the highest ratings.

From this trio, the final choice is made; *not* by the Commission but by the department needing medical aid. Again the disabled veteran is favored—even if his marks are lower than his rivals'. Usually, all three eligibles are interviewed. This may take place in Washington; or, if the candidates live some distance away, at their nearest Government hospitals.

Generally speaking, all civil service doctors fall into six classifications. As shown in the accompanying table, these range in compensation from about \$2,000 to \$6,500 yearly; in rank, from intern to chief medical officer. Again, generally speaking, the G. P. will find his best opportunity in the assistant and associate medical officer grades (\$2,600 and

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\$3,200 a year, respectively). Assistantships provide the most suitable openings for bacteriologists, pathologists, child hygienists, and anesthetists.

The civil service stresses specialties. Most positions as associate, full, and senior medical officers demand training and experience in one of the following:

Anesthesia, bacteriology and

is possible without examination. It depends on how the employee impresses his superior, and upon the availability of funds. The time element is also important. For at least six months, the novitiate is on probation. Beginning Feb. 1, 1939, probation will be for one year.

After probation, the candidate is eligible for permanent appointment.

## CIVIL SERVICE EXAMINATIONS

Grade*	Requirements	Annual Salary
Intern	Graduation from a class A medical school	\$2,000
Ass't Med. Officer	Completed internship	\$2,000
Assoc. Med. Officer	One year internship and one year of general practice	\$3,200
Medical Officer	Two years of practice in the five years before applying	\$3,800
Senior Med. Officer	Administrative background and five years' specialized experience	\$4,600
Chief Med. Officer	Administrative background and ten years' specialized experience	\$5,600—6,500

\*Appointees may be advanced in grade without examination.

pathology (one or both), pediatrics, dermatology, EENT (one or all), gastrointestinal surgery, general surgery, genito-urinary surgery, industrial medicine and hygiene, internal medicine and diagnosis, medical administration, neurology and psychiatry (one or both), orthopedic surgery and prosthetics, physiotherapy, public-health practice (including communicable-disease control), roentgenology and tuberculosis.

Promotion from grade to grade

ment. As soon as his post becomes permanent, he may be transferred at the Government's pleasure. After this probationary period, too, he acquires the privilege of resigning, with the possibility of reinstatement under certain conditions.

On his 68th birthday, the civil service doctor may retire, if he chooses, on a pension. At seventy, retirement is compulsory. Although there are occasional exceptions, the maximum pension al-

lowed is \$100 a month. Provided he has been with the service five years, the physician may be retired, with part pay, for disability.

Usually, all civil service medical positions are full-time. Occasionally, however, departments select part-time doctors from the civil service list. For example, a Public Health Service station may need a physician from 9 to 12 every morning. Physicians hired for such part-time jobs are paid on a fee or salary basis—which ever is cheaper for the government. Such men can supplement their income by private practice, an advantage denied the fulltime Government doctor.

Below are brief descriptions of the opportunities under the various U. S. Civil Service Commission branches. Since the Commission does not keep statistics of this kind, the list is necessarily a partial one.

#### GOLDEN INTERNSHIPS

Just the answer to the poor medical student's prayer are civil service internships. They pay \$2,000 annually. Sixty dollars is deducted for laundry, lodging, and medical care; 3½% for a retirement annuity. The two-year service alternates training in surgery, acute and chronic medical care, obstetrics, pediatrics, general laboratory work, and psychiatry. Requirements are American citizenship and fourth-year status in a grade A medical school. These internships are limited to one hospital, St. Elizabeth's (psychiatric), Washington, D. C. As there are no outside quarters, married interns are frowned upon. At present, the

civil service is overwhelmed with intern applications. Much of the lure, however, may be removed shortly, as officials declare the \$2,000-a-year compensation "a mistake." Congress proposes to rectify it by slashing the stipend to \$600 annually.

#### WAR'S HARVEST

Biggest employer of civil service medical men is the Veterans Administration. To its 100 hospitals and regional offices throughout the United States are assigned three quarters of the successful appointees. Wherever possible, the doctor is allowed to pick his location. Many hospitals have the latest x-ray, laboratory, and physiotherapy equipment; some regional offices boast completely equipped dispensaries. Opportunities are available for every branch of medicine, excluding pediatrics. But department heads keep a special eye peeled for administrative talent. Promotion chances for this type of doctor are good. Provided for all are postgraduate education at the Administration's own school or at large medical centers, plus the expenses (except membership fees) of attending medical meetings. A strict physical examination is required of all eligibles. Pay is comparatively high, 150 doctors obtaining from \$5,200 to \$7,500; 800, from \$3,800 to \$5,000; and 250, from \$3,300 to \$3,900.

#### DR. PARRAN'S BOYS

Soon it may be said of the U. S. Public Health Service that, like Topsy, it "just grewed." Actually, however, its projected expansion

[Continued on page 56]

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# Philately for Physicians

*How one practitioner converted a popular hobby into a pleasing medical-history course*

Stamp-collecting has long been a favorite physician's hobby. The reasons are not far to seek. It is relatively inexpensive. Its nuances may be learned as you go along. It may be carried on at any hour or place. And it is ideal therapy for that weary feeling that occasionally overtakes every busy practitioner.

Like the general practitioner, there is the general philatelist. His collection is comprehensive, and knows no bounds. But less exhaustive, and of particular fascination to the physician is the opportunity to specialize in a collection of *medical interest*.

This side of philately hasn't received the attention it deserves. But the rapid advance of medical science over the past few generations has resulted in an increasing number of commemorative issues of medical character. The last ten

years have been particularly productive. From the mercenary point of view, now is the time to get in on the ground floor. A growing demand for these stamps should raise their prices appreciably.

Those who do not share the born philatelist's avid delight in small, delicately engraved, varicolored pieces of paper may be skeptical about collecting stamps of "medical significance."

One answer to them is that stamp-collecting can be a pleasant postgraduate course in medical history. Selecting a stamp at random from the Spanish section of my album, I see the face of Ramon y Cajal Santiago. I wonder if the skeptics know who Santiago was. Serious stamp-collectors know him as the famous histologist whose views on morphology, connections of the nervous cells

*For the stamp-collector, the fame of Austrian medicine will never die.*





*Pictures in miniature of an entire medical system at work in what was once Darkest Africa.*

of the spinal medulla, ganglions, cerebellum retina, and olfactory bulb have earned him a solid niche in medicine's hall of fame. He won many distinctions, sharing the Nobel prize in 1906.

Building my collection, I constantly come across unfamiliar names. This keeps me running pretty regularly to the encyclopedia. I am often amazed to find that some of these "unknowns"

were responsible for the cornerstones of medicine. I am, in effect, "discovering" the history of my own practice.

Santiago is but one example. A complete collection of the pioneers whose portraits adorn postage stamps would comprise a medical gallery in miniature. To name a few: Ignaz Semmelweis (Hungary), Jean Henry Dunant (Switzerland), Frans Cornelius Donders (Netherlands), Louis Pasteur (France).

Always educational, and usually dramatic, are the stories behind these commemorative stamps. Are you aware, for instance, that the struggles to aid humanity of at least two American doctors have inspired stamps of other countries?

One was General William Crawford Gorgas. The Panama Canal Zone chose this way of expressing its appreciation for his work in eliminating yellow fever from that region. The other was Dr. Charles John Finlay, who practiced in Cuba. Principal among his contributions to science was the theory of transmission of yellow fever by



*A postal portrait of Louis Pasteur rates high in any collection.*

the mosquito. Cuba in 1934 dedicated two stamps to him on the centenary of his birth.

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Believe-it-or-not's worthy of Ripley constantly pop up to amuse and instruct the philatelist. If you are a stamp collector, you may know, for instance—

That Turkey—not her native France—was the nation to devote a stamp to Madame Curie!

That Luigi Galvani, 18th century anatomist pictured on an Italian "adhesive" of 1934, gained his reputation by researches on the genito-urinary tracts of birds!

That Leonardo da Vinci, another Italian stamp subject, is known among medical men for his accurate study of the insertion of muscles and their movements, besides having been an aviation pioneer, painter, sculptor, botanist, geologist, and inventor of a steam cannon—all in the 15th century, too!

That the Latvian semi-postal, showing Mercy sheltering two patients from Death, was printed on the back of Bolshevik bank notes—to save money!

Strange characters, too, step out of their stamp frames and walk again in our imaginations. There is Im Hotep, pictured on an Egyptian issue of 1928. Three thousand years before Christ he was so heralded as a physician that he was able to take over the duties of vizier, architect, chief ritualist, sage, and scribe as well.

Then there is Adamantios Korais (1748-1833), who stares from a Greek stamp of 1930. Beginning the study of medicine at 34, Adamantios practiced in Paris. He is remembered not as a doctor but

as an agitator for Greek independence and as the purist who tried to convert the modern Greeks to the tongue of their Attic forefathers.

Also, there is Jonas Basanavicius, whose death in 1927 was memorialized by a Lithuanian stamp. Basanavicius attended the University of Moscow, practiced in East Prussia until he was put out, and then went to Bulgaria. He also edited a journal, *Ausra* (Dawn), which was smuggled into his native land.

If flesh-and-blood heroes tire you, you can turn to the medical gods. The previously-mentioned Im Hotep gained such power and influence that Egypt later deified him as God of Medicine.

Even Aesculapius, traditional guardian of medicine, is not neglected. He appears on a Roumanian stamp of 1932. As for that lovely lady, Hygeia, Goddess of Health, she has been honored by at least three different countries: Greece (1924), Roumania (1932), and New Zealand (1932).

Sometimes, stamps may present



To the postman, a female enigma; to the philatelist-historian, Hygeia, legendary Goddess of Health.

an unusual glimpse into medical conditions within a country. Most of us, for example, will probably never get to the Belgian Congo. But for a small sum, we may own the nine-stamp medical set which that nation issued in 1930. It offers "candid-camera" pictures of an entire medical system at work: doctors, hospitals, nurses, dispensaries, convalescent areas, public-health instruction, and even a scene in a jungle operating room. Studying them through a glass we observe a wealth of detail. Even the operating-room floodlight does not throw shadows. Another stamp in the series reveals three native patients stripped to the waist for a thoracoscopy.

Even medical ethics enters into stamp collecting. That's why no doctors' names are included on the New Zealand issues of 1874. The government sold advertising on the back of these stamps. Physicians refused to take space, considering it unethical. But one dentist was not so backward. Via this medium, he notified pros-

pective patients that he featured "painless extractions" with "nitrous oxide gas." Many patent-medicine manufacturers, too, took this way to advance home remedies.

Hospitals are popular European postal settings. Represented are Norway's modern Radium Hospital; Latvia's Baltic Sea Tuberculosis Sanitarium; Roumania's Carmen Sylva Convalescent Home. Such issues are usually for the purpose of raising funds for the institution pictured. One of these supplies a humorous touch. Issued by Luxembourg, it discloses a nurse patting an obviously appreciative male patient's fevered brow while he pets her arm.

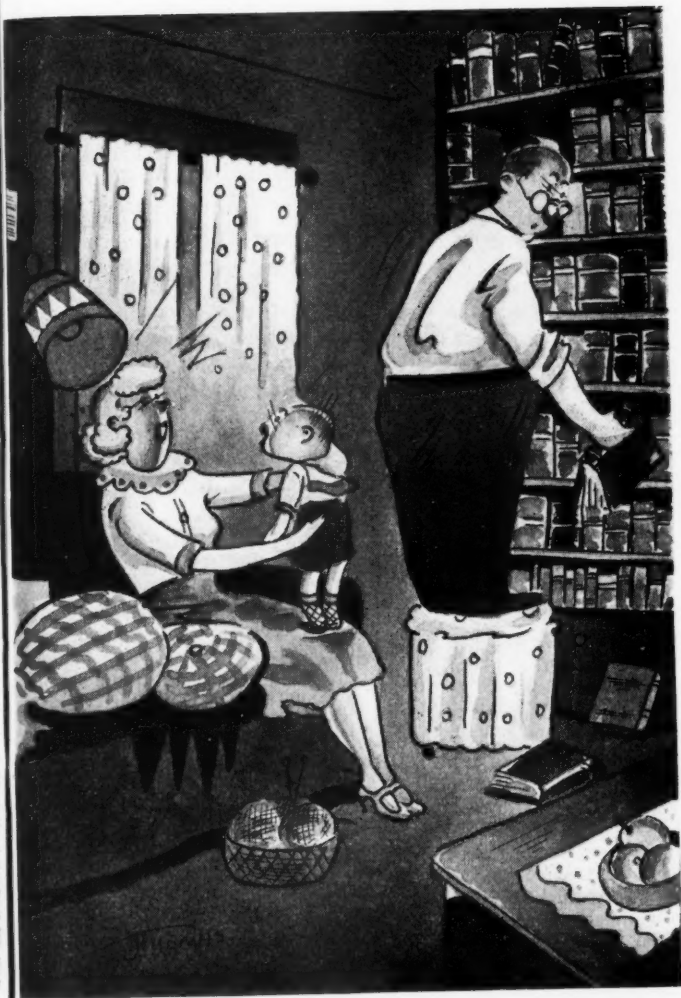
Medical meetings are another occasion for special stamps. Usually, such issues are sufficiently modest, comprising an outpouring of portraits of past notables. But Roumania, celebrating in 1932 the Ninth International Congress in the History of Medicine, illustrated the meeting in calm, controlled session. Does this stamp, wonders the collector who has attended many medical meetings, tell the truth?

There are many more stamps that honor medical men and events—too many and too interesting to present fully here. For a large collection, you'll need an album, tongs, water-mark detector, perforation-gauge, and other aids. Costing little, they are necessary to complete enjoyment for the collector. For the beginner, a ten-cent blank book and a supply of stamp hinges will do. In any event, the returns of this hobby far over-balance its small cost.—S. J. NEWSOM, M.D. AND FRANCES S. NEWSOM.

## Simple psychology prompts payments

Helping patients make up their minds helps collecting. For instance, when I've completed a call, I turn to whomever is in charge, smile pleasantly, and ask, "Will you pay for the visit now or—?" Often, by this means, you get a fee immediately that otherwise would not be paid for some time, if ever.—R. E. SIMONS, Detroit, Mich.

## You know the type



*"Some day you'll be a doctor like your father is—and have nobody come to visit you because they all owe you money!"*





BY ROGER F. LAPHAM, M.D.

*The author of "Patient and Disease" offers some pertinent pointers on selecting the right nurse.*

## Fit the nurse to the patient

"I didn't like her face."

With this single explanation, one of my best patients discharged the nurse whom I had just two hours previously called on duty for her. Naturally, I was surprised and chagrined. But in strictest honesty, I was forced to recognize that the mistake was my own. I had unthinkingly "mismatched" the nurse to the patient.

The incident occurred two years ago. I had known the patient through four years of health and periodic illness. She is normally an altogether reasonable and charming person, of good social standing and an intellectual leader. During the previous two years she had had to watch a worthless alcoholic husband squander a fortune on a mistress no better than himself. This she bore heroically and philosophically at times when her health was relatively good. But during the periods of pulmonary

decompensation to which, as an advanced asthmatic, she is subject, anyone coming near her was liable to have his head taken off. One of the quirks fanned into flame by her periods of illness was a feeling of anti-Semitism.

The nurse she discharged was a Jewish girl who was in training with me during my internship. Having watched this girl work in training and since, I know that she is an excellent nurse, both technically and emotionally. What's more, she comes from a family every bit the social and intellectual equal of the patient who discharged her.

Yet to bring these two together was to mix sodium with water. It embarrassed a fine, sensitive girl. It piled a bad emotional upset on the already severe illness of my patient. And it made me look the thoughtless fool I was.

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clined to pass this incident off as an "extreme case," involving an "utterly unreasonable patient." Yet this only indicates the apathy of a segment of the profession toward one of the most important items in the comfort—and, indirectly, in the physical welfare—of our patients.

The doctor who calls a nurse for his patient is doing something much more fundamental than just providing nursing care. He is bringing two personalities together at a time which may be most auspicious for their clashing. Even short, acute illness can transform the average person into an impatient, ill-tempered tyrant.

We visit our patient a relatively few minutes. Yet during a long day that patient may have been lying in anticipation of that few minutes, so that the emotional level to which we see him buoyed up may in a sense be completely artificial.

The nurse, on the contrary, must fend for herself during endless hours of unreasonable impatience and ill-temper. She *knows* the emotional curve of the patient.

Before any nurse is called, the doctor should consider the financial ability of the patient. If worry over the cost of a nurse is going to offset the benefit of her care, the wisdom of calling a *trained* nurse (unless unavoidable) may be doubtful. Nursing care available from family or friends is seldom ideal, but there are cases in which financial consideration make it the best choice.

If a trained nurse is to be called the doctor should also consider the patient's age, as well as his intellectual, social, political, and

religious measurements. The nurse should then be matched as closely as possible to these measurements.

Physically, it is no more fair to the nurse than it is to the patient to expect a small girl to wrestle and turn a helpless 200-pounder. The care of any person who is critically ill is good stiff physical work. Any nurse—no matter how fine her other attributes—who lacks the necessary physical reserve to give to a patient, is a poor choice. On the other hand, this same nurse might be ideally suited to the care of the middle-aged chronic whose need is as much for companionship as for nursing care.

Cynthia Snoop is certainly not the nurse to care for the patient who has a skeleton in every closet, although she might well save the life of the critically-ill pneumonia patient. The elderly nurse with the mid-Victorian ideals will be an emotional wet-blanket to the young matron just coming out of D.T.'s, but probably the best crutch in the world for the old lady with diabetic gangrene.

A possibility not to be overlooked is the male nurse. A considerable number of male patients are best cared for by male nurses.

Foremost in this group are men with mental illnesses, especially if the illness entails emotional disturbance or violence. For such patients a male nurse, trained in a state hospital for the insane, is the logical choice.

Second in the group best cared for by male nurses are men with genito-urinary diseases, either surgical or medical. Some male nurses specialize in genito-urinary diseases, and if such a nurse is

available he should be called.

The male alcoholic or drug addict is always handled more efficiently by a man. Again, the male nurse specializing in this type of disease should be called.

Still another group better nursed by men are the male patients who are emotionally squeamish and embarrassed at being nursed by a woman. Such is especially apt to be the case with the elderly debilitated male. It is thoughtless on our part to subject a patient of this kind to emotional stress or embarrassment if it can possibly be prevented.

No physician would say to a patient, "Go get yourself a sedative." Yet the doctor who merely says, "Call in a nurse," dismisses with inadequate consideration one of the important factors in his patient's management.

Almost every physician has occasion to see different nurses working with all types of patients. Even in the smallest urban community some range is found in the choice of nurses available.

It is an easy habit—and should be an automatic one for the physician—to note the idiosyncrasies, the good points and shortcomings of each nurse with whom he works. Such a habit will soon give him a mental list of nurses and the type of care which each of them is best qualified to give. Then, when occasion demands, the nurse best suited to care for the patient in question can be quickly and easily chosen.

This precaution will save the physician from attempting to mix oil with water. Which is inevitably poor practice—even with good oil and good water.



"Well, doctor, I guess that about settles my bill with you, doesn't it?"

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# Collection quiz

From its correspondence with private physicians, MEDICAL ECONOMICS selected ten commonly-asked questions on collection problems. These were sent, in quiz form, to the business and collection manager of a well-known clinic, a clinic that has stayed in

the black while preserving a strictly ethical doctor-patient relationship.

The questions are presented below. First try answering them yourself. Then turn to page 80 for comparison with the clinic manager's replies.

1

How many bills do you mail out before sending a letter?

2

When a patient offers to pay his bill in instalments, what do you do?

3

If the first bill is ignored, how can you improve your chance of securing some response to the second one?

4

Should you ask the patient to return the bill with his remittance?

5

What is the best time of the month to send out requests for payment?

6

How can you extend discounts without cheapening the value of your service?

7

For what type of patients are discounts best suited?

8

If the patient sends no remittance but explains his failure to make payment, what do you do?

9

If the patient sends no remittance, but complains of your treatment, what do you do?

10

If in settling a personal injury claim, a patient receives less than he had expected and then tries to reduce the doctor's fee, what steps should be taken?

# Out of the red with ULTRAVIOLET

BY JAMES VAUGHAN, M.D.

*An additional service you  
can render which is certain  
to attract patients.*

Our first duty is to our patients.

Yes, but how to secure these patients? And how to hold them? This question used to be as troublesome to me as it is to most general practitioners.

The one formula recommended in all commencement addresses is "keeping up with modern advances in medicine." And one of these advances—the therapeutic lamp—proved to be, in my experience, an ethical, effective practice builder.

When the earliest quartz lamps appeared twenty years ago, I was one of the first to buy one. Because patients literally "saw" something being done for them, they returned again and again to my office.

Naturally, since the beneficial effects were so prompt, they were gratified by the treatments and appreciative of my enterprise in keeping pace with the newer techniques.

Clinic-minded non-indigents also came to my office, for the local clinic had no such equipment. And other doctors, facing physio-

therapy-conscious patients, soon felt obliged to refer them to me for treatment.

This is one kind of treatment always under the doctor's supervision. It is one prescription which you know will be filled promptly and taken by the patient when and as you specify it.

Ultraviolet radiation is therapeutically helpful in many organic conditions, psychologically effective in most functional states, and contra-indicated in but few disorders. I find it undesirable in tuberculosis of the lungs and in diabetes, and hazardous in allergic patients unless I very gradually "build up" dosage. Hyperthyroidism, myocarditis, nephritis, and generalized dermatitis complete the scant list of contra-indications.

Acne, carbuncles, and athlete's foot often respond dramatically to the light generated by the water-cooled machine. The dosage may be focused over a small area more neatly with this apparatus than with the quartz lamp. The chronicity of acne, the layman's unsatisfactory experience with salves and lotions, and the powerful impetus of human vanity, make the lamp treatment of this disorder both good medicine and good business.

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effective in building resistance against measles and whooping cough. One year an epidemic of serious whooping cough swept through our community. I gave my young patients two exposures a day for a week. While the epidemic continued to rage about them, not one of these light-treated children developed the disease.

Nor need I extol radiation in preventing and treating rickets.

While the value of the vitamin preparations is thoroughly established, the fact remains that ultra-violet therapy appeals to parents because it is drugless. It appeals to physicians, by the same token, because its dosage and administration can be regulated.

Do harassed fathers and anecdotal grandparents haunt your office as you try to keep alive pre-matures? Then try brief ultra-



*An arrangement of light therapy equipment which combines space-economy and eye-appeal.*

violet exposure over their thin little bodies. Unless you've done so, you can't realize how often radiation stimulates vitality in this sort of case. In one of my own experiences, a pair of premature twin girls were born, too frail to digest food, too weak to nurse. During their first three days, they sank so rapidly that even the optimistic mother despaired of their lives. On the fourth day I started ultraviolet radiation: 10 seconds exposure the first day, increased by 5 seconds daily. A week later they were nursing normally.

Are neurotics the bane of your practice? If your experience is like mine, you find them returning frequently, but always complaining—a poor advertisement for you and succulent bait for the radio-ballyhooed quack.

In his reiterated plea that you do something concrete for him, the neurotic indicates that he knows what he wants. I have found light therapy an invaluable aid in managing these grumbling patients. They come to me, having first made the rounds, and having heard with discouraging frequency that there is nothing the matter with them. Solemnly they have been told to go home and forget it.

"No one," they cry, "understands the way I feel. No one wants to help me."

In my office they find someone who *does* understand and who *does* help. Light radiation treatment shows them that they are being taken seriously. It is a body tonic that stimulates metabolism and improves digestion.

For the nonce, then, they find a physician really treating them—

not laughing at them. They leave the office eager to talk about their new doctor and his interesting treatment. Pious, plodding medical oracles may snort that this is quackery. Yet may I remind them that this treatment actually makes the patient *feel* better? And that, after all, is one of medicine's highest goals.

The equipment I use consists of three machines: two of the quartz mercury type, one of the water-cooled variety. The latter, which is especially useful in concentrating the rays within a small area, cost me \$800 in 1918. One of the quartz lamps cost \$600. Both are cheaper now. The other quartz lamp I bought second hand for \$100.

This \$1500 investment provided me with life-lasting equipment. Since it has been in constant use for more than twenty years, its average cost has been but \$75 a year. It has paid for itself many times over in actual fees received. An even greater, though less tangible reward has come in terms of good will, community prestige and new patients.

For light treatments I have set aside a special room. In it are a comfortable couch, a chair, and the three lamps. An ordinary watch is adequate for timing, though physicians who will want to treat another patient in the other office while the lamp is in use, may prefer the alarm-clock timer.

All in all, light therapy is as stimulating to an anemic practice as to an anemic client. Few other procedures offer the doctor so practical a method of serving both the patient and himself.

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## Home Talent

Wise nations watch their imports. They try to keep them down. At the same time, they encourage home industry. They have learned that countries whose own products are most desired, and who need those of others least, tend to prosper.

Economists call this maintaining a favorable balance of trade. It contains a valuable lesson for the average medical society.

In selecting speakers to address its regular meetings, there is a tendency to favor the "imported" variety. Some program chairmen, in fact, seem to rate speakers on the number of miles they travel to attend, rather than on their ability.

This is not meant to detract from the value of visiting lecturers. Many appear at great sacrifice to themselves and their practices. Furthermore, no one denies the value of a fresh outlook now and then. Limiting spokesmen to those of any one community would be certain to result in a narrow outlook and, possibly, mental stagnation.

But, by the same token, why restrict the thinking to those from outside? Why not give the "home talent" more opportunity?

The argument may be advanced that there isn't any "home talent." At best, that's a poor alibi. Most societies conceal far more talent than

they are usually aware of. Even when requests for papers meet only indifference, the fault is not usually that of the membership. It lies with the methods used to encourage them.

For encouragement is an essential of any successful educational program. Medical men have been accused of being excessively shy. That may or may not be true. Nevertheless, if they are as modest as other men, they require plenty of stimulus. And it devolves upon the society to supply it.

Certainly, placing your membership in a position where they become chronic spectators is hardly stimulating. More often, it has the reverse effect. Too much of it will kill the germ of creative instinct buried in any of us.

What is needed is not more speakers but more round-table discussions in which all may participate. To start things going, individual members may present cases. The others should then be allowed to discuss them—fully, freely, frankly. The more who join in, the better. The goal should be complete interchange of ideas and experience.

The society instituting such a program, we venture, will not have to "import" speakers to stir up interest. It will soon find its meetings attracting, not only its own members, but those from outside. It will have established a favorable "balance of trade."

H. Sheridan Baketel

# A medical Pepys abroad

*Facts about Vienna not found in any  
guidebook follow in part three  
of this absorbing diary*

BY E. R. HARGETT, M.D.

## *Vienna*

*Dec. 9, 1937.* After nine days of effort, my friends obtain a fresh cadaver at the *Elizabeth Spital*. Two general surgeons work on the abdomen, doing some kind of anastomosis. Another EENT man and myself do a mastoid on each side, dissecting the canals and the facial nerve.

*Dec. 10.* If your wife will be with you in Vienna—and if she plans to cook—you might pass these food prices along to her (of course, these have been transposed from kilograms, decagrams, schillings, and groschen): best steak, 41c per lb.; good steak, 33c; potatoes, 2c; butter, 43c; Swiss cheese, 39c; lima beans, 7c. Eggs, 43c a dozen; rolls, 17c. Milk, 11c a quart; bread, 17c a large loaf. Lettuce, 4c a head; cauliflower, 8c.

If your maid does the shopping, these prices will probably be increased 50% to 100%. That's what happened to us.

*Dec. 11.* I am introduced to "pig's eye" surgery. It's interesting and keeps one's hand in. A pair of eyes are set in a clever spring clasp to maintain tension. A lever behind produces natural movements. The clasps and eyes

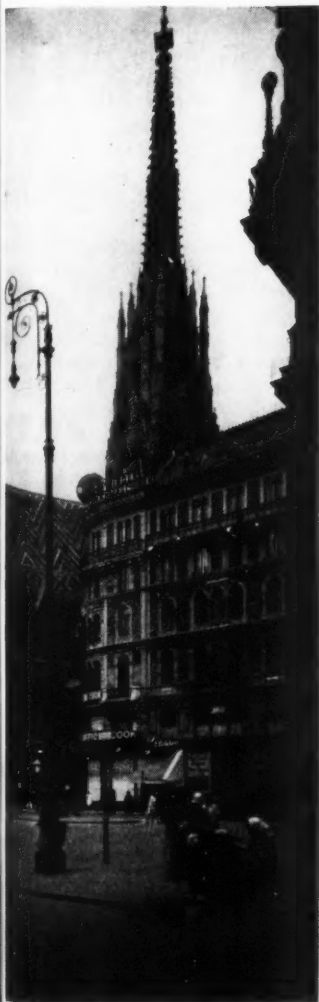
are mounted in the orbits of a hollow metal head placed on a stand in the operating-table position. In Vienna, all eye surgeons sit at the right side of the patient, backs to the patient's feet.

*Dec. 13.* The combination liquor-store and saloon a few doors up the street is popular these cold days. An Austrian girl who knows the necessary English keeps bar. A most popular drink is made with an ounce of rum, a lump of sugar, and two ounces of hot water. You inhale the vapor until it's cool enough to drink, warming your hands at the same time. A bargain—and a heater—at 8c.

*Dec. 14.* The answer I've been waiting for arrives from Budapest. I learn that work all over Hungary is directed from a central office. The address is Postgraduate Medical Courses in Hungary, Anatomy Department of the University, c/o Prof. F. Kiss, Budapest, IX, Tuzolto-u. 58. Hungary. From this office, inquiries are handled by the head, or a high member, of the university department or clinic in which the writer is interested; for instance, Dr. P. Mihalik, otolaryngology; Prof. Imre, eye; etc. These men know what is available not only in their own departments but also

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Black Star

*In paternalistic grandeur, the tall  
Gothic spire of St. Stephen's,  
"—greatest of them all—"  
towers over Vienna.*

throughout Budapest. In addition, they are in constant contact with smaller departments and clinics in every hospital in Hungary, hospitals such as those at Szeged, Debrecen, and Pecs.

The price seems to be standardized: \$200 a month for any specialty, any hospital, anywhere in Hungary. The fee usually includes hospital living expenses. Payment is through the main office only. Several men who went on to Budapest were placed in hospitals within half an hour!

After three months, the graduate student is eligible for the diploma of the Royal Hungarian University in his particular branch of surgery. Courses are given throughout the year, in English. Dr. Mihalik has held a Rockefeller Foundation fellowship in New York and speaks good English.

From a private source I learn that, in the last year, one Budapest hospital guaranteed every student twenty major operations a month. One student did fifty major operations in one month; another performed 64 in 24 days, all in Budapest.

Dec. 17. The Christmas banquet of the A.M.A. of Vienna takes place this evening at the Highhouse. This building is the only Viennese skyscraper—it is ten stores tall. Most of the members bring guests, so there are about eighty of us, including some very pretty natives. The glass-walled penthouse is modernistic, with an observatory-type roof. White Bordeaux wine, served in half-liter pitchers, is very popular.

Dec. 18. Written in longhand English, a reply to my letter

comes from Kreiker Aladar Dr., Szemklinika, Debrecen, Hungary. On two weeks' notice he can place me in a position to do nasal and oral surgery. Or, as a separate course in his hospital, eye surgery is available. His price is \$200 a month, including everything, for three months in either branch. Dr. Kreiker is a member of the central Budapest office but is willing to begin private negotiations. It is probable that, if arrangements are made privately, the Royal Hungarian diploma would encounter technical difficulties.

An eye man who took Kreiker's course relates that he was allowed to handle half the operations that came in during his three-month stay. Another says he did 27 cataracts in three months; a third did 11 cataracts in two months

and 35 major eye operations in all. Still another performed 90 majors, including 20 cataracts, in four months at Dr. Kreiker's clinic. All seem satisfied and pleased. Opportunities for the other specialties compare favorably with those in ophthalmic surgery.

Dr. Kreiker states that good quarters, outside the hospital, are available for married couples. Prices for these are somewhat lower than in Vienna. There is an average of one Hollywood movie a week in Debrecen. This provides about the only amusement.

The January, 1938, issue of the *National Geographic* carries an article on rural Hungary. It illustrates the summer-time uniqueness of the country and a number of the working conditions. But it also hints at the isolation of some

*The General Hospital (below) stands opposite the quarters of the A.M.A. of Vienna. (At the right) Dr. Hargett and a colleague.*



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of the districts. Curiously enough, Hungary's medicine and surgery are well-advanced. The 1937 Nobel Prize went to Szent-Gyorgyi of Szeged.

*Dec. 20.* There is a big rush to make the late Christmas mails. Some of us plan to call or wire home. Rates are somewhat reduced for the holidays. A regular wire to New York, deferred three hours, is 27c a word. Address and signature, of course, are counted. It's necessary to remember that New York time is six hours behind us here. A 22-word night letter to New York costs \$4.50. A phone call to New York is \$30.15 for three minutes. If your party isn't reached, you must pay \$4.23. It is anyhow. Postage for a regular letter is 12c.

*Dec. 22.* Only three lectures are being given now. Members who are in a hurry begin to complain.

*Dec. 25.* Christmas is white. The impressive chorus of the church bells is joined by the greatest of them all, St. Stephan's. But Santa Claus is not in evidence in the stores or streets. Viennese children believe that gifts come from St. Nicholas, who stays in heaven.

*Dec. 28.* Our café paper, the Paris edition of the New York *Herald-Tribune* is very popular these lax days. Printed in English, the news is only 24 hours late.

*Dec. 29.* Only one lecture given today. That was in "gyn" cadaver surgery. Even the hospitants have been dismissed. The last ten days have been, from the student standpoint, a total loss.

*Jan. 1, 1938.* Pigs and chimney-sweeps are the good-luck symbols of the New Year. Consequently,

they're the most popular subjects for toy gifts and pieces of candy. We even encounter two live sweeps today, just out of chimneys. For blackness, they far outdo our miners.

*Jan. 2.* Eight inches of snow have fallen in the last two days. Horse-drawn scrapers and hand pushcarts battle to remove it. Mostly, they succeed in blocking the already narrow sidewalks with piles of snow four feet high. We begin to see the object of the padded, rug-curtained, double-window construction in universal use. It is needed to hold off the drifts.

*Jan. 4.* Seven lectures are posted. The holidays are over.

*Jan. 5.* No reply to my inquiry addressed to Cernauti, Roumania. Members who have been there give very discouraging reports on the cleanliness and scientific procedures, and on the brand of English that's spoken. They report that dirt and disease are rampant. Evidently not a good bet.

*Jan. 6.* Today is Three Kings Day. Everything is closed again. The steel and iron shutters are lowered to hide even doorways and shop names. Every day of the year, food and meat stores are closed from noon to four o'clock. This is the Vienna lunch-hour!

*Jan. 7.* More snow. Trains are all at least five hours late. No paper. The road to Budapest is blocked.

*Jan. 8.* Fur-lined and -collared overcoats are worn commonly by Viennese men. Many cost as high as \$500. The favorite Viennese adjective, "elegant," describes them.

*Jan. 9.* Peter Vostinka, the

OCT. 4 1938



**NO!**

## The most obstinate cases of breakfast hunger yield to Wheatena

We mean our picture to symbolize obstinacy,  
not a precocious command of language.

Wheatena likes nothing better than to be up  
against an obstinate case of breakfast hunger.  
The rich, toasty fragrance and flavor of Wheatena  
break down all resistance; the good brown wheat  
sweeps hunger away, and holds it off 'til next  
meal time. Food that "sticks to the  
ribs" is what Wheatena is.

You can count on it to do a nourish-  
ing job at breakfast or any other meal.



## Wheatena

*The sunbrowned wheat cereal*

**SAMPLES ON REQUEST:** A request, on your letterhead, will  
bring a dozen samples of Wheatena, with cooking instructions for  
bringing out the rare and delicious flavor of toasted wheat. Address  
Wheatena, Dept. ME-13, Rahway, New Jersey.

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waiter at the A.M.A. Café, deserves mention because of his versatility. Let it be understood that "the service" profession reaches its peak in Austria in the dinner-jacketed headwaiter. He commands a great deal of respect—and 10%.



The path to the Neumann clinic has been worn smooth by eye specialists from all corners of the globe.

Peter, known also as Jesse James, is on duty constantly. He is always in good humor, except when he suspects you of cashing your travelers' checks with someone other than himself. He will supply opera tickets; direct you to bus, tram, or train; sell picture postcards; entertain the ladies with Austrian anecdotes or abbreviated German lessons; and play you a game of chess. And he'll beat you, too!

Jan. 12. Two books by J. Alexander Mahan, M.D., *Famous Women of Vienna* and *Vienna, Yesterday and Today*, are both worth reading, even if you don't intend to make the trip. They can be obtained through the A.M.A. of Vienna from Wilh. Maudrich, VIII Alserstrasse 19, Vienna; or Marshall Field, Chicago.

Jan. 14. For those who cherish

an abiding faith in the value of real estate as an investment, Vienna's rent law should be interesting. After the War came inflation. Landlords paid off their mortgages with cheap money. Then, to "protect" themselves, they raised the rents. So far, everything was lovely. But, in the new Democracy, a party was swept into power on the promise that it would force cheap rent. Quickly, it put a rent law into effect which provided that no landlord could evict a tenant for non-payment and that pre-War rates were to prevail.

Years went by, and the pressure of inflation began to lift. The rent law was amended to allow the landlord to keep one-fifth of the pre-War fixed rent rate. The remainder was used by the government to erect new apartments to compete with his! Rental charges consisted merely of upkeep expenses; usually about \$2 per month. This condition exists at the present time by virtue of democratic vote. The tenants always outvote the landlords. Consequently, the law will continue.

The destitute landlord cannot give his apartment away, much less sell it. No one wishes to join his unhappy and unpopular ranks. Death, of course, may remove his burden. Time may make his apartments uninhabitable. But it is certain that such a popular law will not be repealed by the tenant class out of pity for the supposedly shrewd landlord!

Jan. 15. The Austrian physician's income has been confiscated in much the same cruel, unequal manner. Ironically, the city doctor, who previously was better off

OCT. 4 1938

# Presenting **MIXED GREENS**

—newest addition to  
**Clapp's Chopped Foods**

**A**NOTHER green vegetable in the list of Clapp's Chopped Foods will be interesting news to many physicians.

This new food combines kale, lettuce, and Swiss chard—all of which have certain recognized value in the diet for their minerals, vitamins, and roughage.

#### Now 9 Varieties

With the new Mixed Greens, Clapp's Chopped Foods offer nine varieties for older babies and young children. Two soups, five vegetables, and two fruits.

The texture of these foods, uniformly even, was determined by pediatricians; the vegetables used are specially grown. It is these factors which have caused many doctors to prefer Clapp's Chopped Foods to the home-prepared. And, of course, their great convenience makes them especially welcome to mothers.

#### Desirable Coarser Textures

Nutritive values are the same as in the famous Clapp's Strained Baby Foods. The Chopped Foods are simply more

• Mixed Greens are also included among Clapp's Strained Baby Foods, making 17 varieties now available in these foods for young babies.



coarsely divided, as is desirable for the older baby and the young child.

#### 9 Varieties of **Clapp's Chopped Foods**

##### Soups:

Vegetable Soup • Liver Soup

##### Vegetables:

Spinach • Beets • Mixed Greens  
Carrots • Green Beans

##### Fruits:

Apple Sauce • Prunes



## **CLAPP'S** *Chopped* **FOODS**

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than his country colleague, is now pushed far below him. In the cities, there is no private practice whatsoever; for the farmer is the only class not included under compulsory health insurance. City practitioners are held to the same fees as those current in rural areas. Yet they have to pay their own street-car fare and other city expenses, all of which reduces their level below that of the small-town doctor.

Specialists in Vienna fare somewhat better than general practitioners. They may charge 80c for the first consultation; 50c for subsequent ones. They are permitted \$24 for an appendectomy.

The big insurance groups maintain clinics and pay small salaries to the surgeons they employ. All big cases are taken care of in this manner. In fact, an insured patient is not permitted a consultation until the chief doctor of the sick fund approves. The latter is hired to protect, not the patient, but the funds of the group!

Unavoidably, the physician has had to adapt himself to this system. Normal births are often made abnormal for the higher fee. Attempts are sometimes made to anesthetize the drum membrane before paracentesis. Radical surgery in the early stages, as in gastric resection for ulcer, is the rule. These abuses arise because the sick funds, in an effort to prevent too many treatments or calls by the doctor, restrict the number of treatments per case per month.

The whole structure of Austrian medicine is being converted to quick, wholesale methods. This pleases the companies but takes

little consideration of the pain to, or subsequent welfare of, the patient. A customer can watch the chain-store clerk to see that correct weight is given. But who can weigh the doctor's judgment; supposing that he has time, under the Austrian system, to use any?

History proves the futility of attempting to control thought by legislation. Yet this is what the Austrian system attempts to do. Though every case presented to a physician requires thought, it is apparent that the voters will not be influenced by such objective considerations. Neither will they consider the loss, grief, and privation brought upon the doctors by any insurance scheme. People will be prevented from embracing any such set-up only if they are informed of the pain, grief, radical surgery, mistakes, wholesale treatment, guinea-pig experimentation, and neglect that they will be forced to suffer—sick or well—under "machine medicine."

Every practitioner can do his part in preventing this unhappy day by mentioning to the patient, during the course of private treatment, just what difference there would actually be under socialized medicine. This can easily be deduced from the above examples and discussion.

For instance, a patient comes to an Austrian specialist. He complains of slight, but persistent, vertigo. Instead of an extended series of conservative treatments with, as a last resort, a simple mastoidectomy and further conservative treatment, the patient is immediately subjected to a labyrinthotomy with alcohol injection of the canals. Two patients I ob-



# ADEQUATE IRON

## *for Hypochromic Anemia*

Excellent hemoglobin response results in most cases from the daily dose of three Hematinic Plastules Plain. This provides 15 grains of ferrous iron.

Small dosage, easy assimilation and toleration favor the use of Hematinic Plastules for hypochromic anemia, because they produce maximal results, at low cost, without discomfort or inconvenience to the patient.

Hematinic Plastules provide ferrous iron and the vitamin B complex of concentrated yeast, in soluble gelatin capsules. They are issued in two types—in bottles of fifty—Hematinic Plastules Plain and Hematinic Plastules with Liver Concentrate.

THE BOVINE COMPANY  
CHICAGO, ILL.



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served who got this treatment promptly died.

All doctors should, of course, actively support their county, state and national societies on this most important question, besides waging the office campaign suggested above. But to be psychologically effective, the appeals of organized medicine should be directed solely toward educating the public to the evil effects of any such system upon the patient himself and upon preventive medicine.

Jan. 16. The favorite story of the last few days is the one about the country lad who proposed to the city pick-up. "But I can't marry you," she told him, "I'm a syphilitic."

"Oh, never mind that," he said. "I'll be converted!"

Jan. 17. The snow has been rained away. We are enjoying clear weather. Temperature, about 35°. Photographic conditions are excellent. The Eastman store here develops our movie reels and runs them through its projector for review.

Jan. 18. Routine inquiries to official sources concerning live surgery in India are answered very discouragingly. It is stated that medical practice is closely organized there. Any work must go through the red tape of British sanction. My native Indian friends tell me, however, that friendship will cut smoothly through these Gordian knots. They add that the English are trying to keep a corner on everything. There is much resentment and jealousy in India between native and British physicians. The former gladly tell me where I might visit during the

season from October to February. As guest surgeon, they promise, I can do just about all the cataracts I want.

They tell of Ras Bahr Muthre Doss, Lahore, India, who, although more or less retired and turning his work over to his nephew and friends, has dozens of cataract operations daily. He unceremoniously leans the patient up against a tree and does the extraction in the open air. We evidently make too much of it. So if you want to go to India, find an Indian and make friends with him.

Jan. 19. Opportunities for live surgery also exist in Czechoslovakia. Unlike the Austrians, the Czechs have no law forbidding

## Discounts bring cash

Merchants in our community give discounts for cash payments of bills. Many of my patients feel I should do likewise. At first, I refused; for, considering the small average earnings of these people, I felt I was already charging minimum fees.

What happened? The average patient went to a doctor who *would* give discounts. Or he paid \$5 or \$10 down, another installment several months later; and finally deducted what he conceived a fair percentage for paying at all!

Now I automatically add 10% to bills I believe will be long outstanding. Then I offer a 10% discount for cash. It's surprising how often this is snapped up. Of course, if I'm sure the patient cannot pay cash, and is deserving, I discount the 10% anyway. —M.D., Ohio.

foreign doctors to operate on live subjects.

For abdominal surgery, write Dr. Ferdinand Polasek, II Ceska Gynaekologicka Klinika, V Prazkem Sanatoriu, V Podali, Prague, Czechoslovakia. He can also give you leads in other branches of surgery in the city and towns throughout the country. There is no postgraduate organization in Czechoslovakia. Surgery is paid for on a cash basis with fees ranging from \$3 for a curettage to \$12 for a hysterectomy.

Jan. 21. We begin to see the Austrian viewpoint regarding Americans. Its essence is: "You have so much, we so little. Why should you care or complain if we get all we can from you?"

So our landlady has been using our food, our wood, and putting her milk bill on ours. She claims that our share of the light and gas bills is three quarters, not one half; the two apartments having one meter. It's too much for us. We move to the *Pension Atlanta*. Friends recommend it highly.

Jan. 22. We pass the evening with friends at the *Rathaus Keller*, a restaurant in the basement of the City Hall, as the name implies. It's a huge place, with seven main dining rooms. The most popular one is featured by a beer barrel with a capacity of 15,000 gallons! The orchestra uses it as a background.

The dish in vogue is a "Lind-

berg." This dish—or rather, structure—is supported by an eight-inch silver spear, piercing, in order, two large mushrooms, a chicken liver, a hard poached egg in a pastry cup, a layer of steak a half-inch thick, another steak layer one-inch thick; and topped finally by a large, toasted roll. The whole is surrounded by potatoes, green beans, carrots, and peas. Price, 80c.

Jan. 23. Sunday is spent prowling in and around Schonbrunn, the summer palace of the Hapsburgs. So-called trips of interest in the vicinity are so numerous they cannot be mentioned. But many days may be whiled away in this manner.

Jan. 24. One member of the group is leaving for his home on the Texas coast. He came, and is returning, on a freighter that runs between a port in Northern Italy and the Gulf. He stayed four months, took 300 hours of work, and is out just under \$1,200, everything included. He came alone, brought not so much as a trunk.

Jan. 25. Twenty-one lectures in progress! Everyone has plenty to do.

Jan. 26. The A.M.A. of Vienna has no connection with the American Medical Association in the States. In fact, their relations are a bit strained. Dr. Morris Fishbein spent most of his time during his visit here a few years ago trying

## FOR INTESTINAL STASIS—

Uniformly good results have been reported for TAXOL in the relief of Intestinal Stasis. Try it NOW! Send for generous sample.

# TAXOL

LOBICA INCORPORATED, 1841 Broadway, New York

# In Depressive States

In depressive states, the suitability of 'Benzedrine Sulfate' (amphetamine sulfate, S.K.F.), as well as its correct dosage, must be determined for the individual patient.

Tentative classifications, however, suggest that 'Benzedrine Sulfate' is most likely to be of use in conditions characterized by diminution of capacity for activity, and that it is apt to be contraindicated in anxiety states accompanied by agitation. In depressive psychopathic states the patient should be institutionalized during the administration of 'Benzedrine Sulfate'.

Initial dosage should be small, ranging from a minimum of 2.5 mg. ( $\frac{1}{4}$  tablet) to 5 mg. ( $\frac{1}{2}$  tablet). These should be regarded as test doses, and if no effect is obtained from the smallest amount given, the dosage may be progressively increased until a definite effect manifests itself. Usually it is unnecessary to give more than 10 mg. at a single dose. Careful medical supervision during this test period is particularly desirable.

When the correct dosage has been determined, it may be given two or three times a day, bearing in mind that administration in the late afternoon or evening may interfere with sleep. When divided doses are required, the specially grooved tablet may be broken and one-half or one-quarter tablet given.

The effects of 'Benzedrine Sulfate', whether desirable or undesirable, are usually apparent with the first few doses. If there are undesirable effects 'Benzedrine Sulfate' obviously should be discontinued.

## Benzedrine Sulfate Tablets



Each 'Benzedrine Sulfate Tablet' contains amphetamine sulfate, 10 mg. (approximately  $\frac{1}{8}$  gr.)

The Council on Pharmacy and Chemistry of the A. M. A. has adopted amphetamine as the descriptive name for  $\alpha$ -methylphenethylamine, the substance formerly known as benzyl methyl carbinamine. 'Benzedrine' is S.K.F.'s trademark for their brand of amphetamine.

**SMITH, KLINE & FRENCH LABORATORIES • PHILADELPHIA, PA.**

ESTABLISHED 1841

to get the members to change the name of the Association. One of his failures.

Jan. 28. At the general assembly this evening, some members want to hire as librarian a pretty, local girl who is quite popular with these very same members. But, once employed, an individual cannot be dismissed here without six weeks' notice. Furthermore, this notice must be given at the beginning of one of the annual quarters. Therefore, the thing is postponed as too involved.

## Location tips

Physicians have died recently in the following towns. Not all the towns are therefore promising places in which to locate. But they do merit investigation. Only those communities are included in the list which have populations of 50,000 or less and in which the ratio of physicians to population is reasonably favorable.

Names of these towns are obtained from MEDICAL ECONOMICS' post-office returns (returned copies marked "deceased"). They constitute the most complete and up-to-date list available anywhere—due to the magazine's large circulation (more

than 125,000 monthly).

Data about the type of competition in a community, the financial status of the people, and general living conditions can best be obtained by a personal visit. MEDICAL ECONOMICS will gladly answer mail inquiries, however, about the population of any town, the number of physicians in it, and hospital facilities there.

ALABAMA: Eufaula, Whistler  
CALIFORNIA: Loyaltown  
GEORGIA: Fitzgerald  
INDIANA: New Albany  
IOWA: Algona  
KANSAS: Bushton, Colony  
KENTUCKY: Wayland  
MISSOURI: Campbell, Farnfeld, Sedalia  
NEW JERSEY: Linden  
NEW YORK: Hudson Falls  
NORTH CAROLINA: Thomasville  
OKLAHOMA: Frederick  
PENNSYLVANIA: Clarksville, Middletown, Shamokin  
TEXAS: Hedley, Presidio  
VIRGINIA: Brodnax  
WASHINGTON: Renton  
WEST VIRGINIA: Wellsburg

New York City's voluntary and private hospitals can not be forced to treat a patient without pay, even if it's an emergency case, according to a ruling of Attorney General John J. Bennett.

## Less Leakage! VIM SYRINGES

Backfiring and leakage are eliminated in VIM Syringes through the special *slow grinding* process which permits an accuracy of less than 1/10,000th of an inch, on the piston and barrel. The two units are custom fitted and individually numbered to avoid confusion. Banish backfiring—use VIM Syringes.



# COSTS MORE BY THE GALLON... LESS BY THE WINTER!

*Because one shot lasts from now till Spring—*

Put in "Eveready" "Prestone" anti-freeze in your car as early in the fall as you like...drive as hard as you please all winter long...and drain it out in the spring. That's all there is to it. No replacement, no worry, no freeze-ups.

Reason? Certainly there's a reason. "Prestone" anti-freeze can stand engine HEAT as well as winter's cold. It will not boil away, under any winter conditions...even in modern high-efficiency motors designed to operate up to 180 degrees (and even higher)!

To fully realize what this means, consider that the boiling point of a half-alcohol half-water solution is 180 degrees, and that when you stop the motor, circulation stops, accumulated motor heat jumps the solution temperature as much as 20 degrees! This results in losses through the overflow pipe which you may not even see. Your service man calls this "after-boil."

Maybe you can get by with boil-away anti-freeze...but why take chances? Actually, you save money when you buy the *right* anti-freeze in the first place...and that is "Eveready" "Prestone" anti-freeze.

**YEAR AFTER YEAR**, *more and more "Prestone" anti-freeze has been made and sold, yet demand has outrun production. This winter, we expect there will be enough for everyone, for, early in the year tremendous new production facilities went into full-time operation. Still, to be sure, get yours EARLY!*

For guaranteed all winter protection, put in

# EVEREADY PRESTONE

TRADE-MARKS

## ANTI-FREEZE

The words "Prestone" and "Eveready" are trade-marks of National Carbon Co., Inc.

## Jobs in the Civil Service

[Continued from page 28]

is part of the New Deal's "planned spending." Although the chief beneficiaries are likely to be political administrators, more physicians will certainly have to be taken in. As a nucleus, the U. S. P. H. S. now has about 225 full-time civil service doctors. Most of these hold the rank of acting assistant surgeon. Sixty-six of them receive over \$3,600 a year; 32, from \$3,000 to \$3,600; 21, from \$2,400 to \$3,000; and 56, less than \$2,400. They participate in almost every kind of public health activity. Over 130 are attached to the Service's 26 hospitals and more than 100 relief stations. Their patients are largely U. S. Coast Guard personnel, merchant seamen, and Government employees injured on duty. Some 35 inspect incoming vessels at maritime quarantine stations and examine aliens entering the country. Besides this, the personnel studies various diseases, supplies ships' surgeons to the Coast Guard, and investigates mining conditions in cooperation with the Bureau of Mines. Physical condition must be tops. Many of the men have to

board ships by swaying ladders in rough seas and work underground in the dark, damp passages of mines. However, if New Deal dreams come true, they should shortly be enjoying the "more recumbent life."

### MEDICINE MEN

The tribal "medicine man" has fallen from his high estate. The modern Indian prefers the white man's medical care. And he is getting it to the tune of 165 regular Bureau of Indian Affairs' (Department of the Interior) physicians. These jobs are right in the line of the young man needing experience and money to open an office. In fact, only young men are wanted. The Government won't take applicants who are out of medical school more than four years or over 35 years of age. Exceptions to the age limit are sometimes made in the case of those with records of military service. If you have so much as one quarter Indian blood, you get preference. A sturdy physique is another requisite. Duties are arduous, the hours nebulous, and the distances to be traveled often fabulous. The personnel turnover is heavy. Many doctors leave after one year; the

# Now . . .

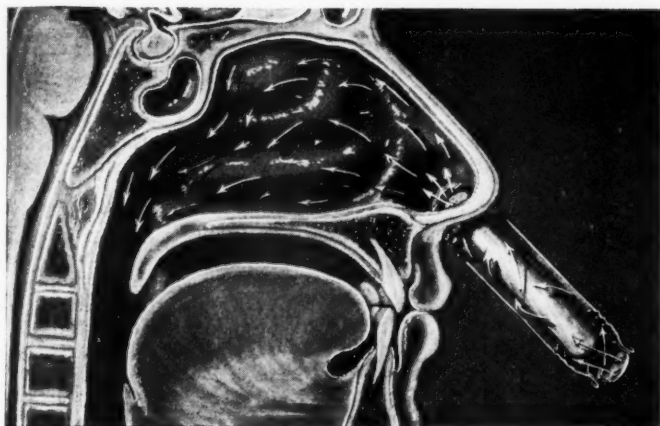
## DIET CHARTS in Card Form!

Save time—simplify your work—make it easy and convenient for patients to consult complete diet instructions.

- Diets printed on processed cards that are moisture and dirt proof—last the patient indefinitely.
- Diets about the size of your professional card—handy in pocket or purse—easy to read.
- Individual envelopes bearing your name, address, phone, and patient's name, date of issue and memoranda supplied for each diet.
- Thirty-three specific diets available—supplied in box with identifying key to each diet. In 200 lots, assorted as you direct—complete with envelopes—\$11.

**Send for Free Samples and  
complete descriptive circular**

LOUIS GOULD, 103 Park Ave., Suite 518, New York



## IN SINUSITIS

In sinusitis 'Benedrine Inhaler' is especially useful. The structure of the rhinological tract is so complicated that, when congestion is present, the whole of the affected area cannot easily be reached by a liquid vasoconstrictor.

The vapor from 'Benedrine Inhaler,' diffusing through the nasal cavity, reaches and relieves congestion. Thus it not only affords improved respiratory ventilation, but also helps to re-establish drainage of the accessory sinuses—an important factor in preventing acute attacks from becoming chronic.

Prompt and effective relief . . . ease and convenience of application . . . these go far toward insuring the comfort and co-operation of your patients between office treatments.

## BENZEDRINE INHALER



Each tube is packed with amphetamine, S.K.F., 0.325 Gm.; oil of lavender, 0.097 Gm.; menthol, 0.032 Gm. 'Benedrine' is S.K.F.'s trademark, Reg. U.S. Pat. Off., for their nasal Inhaler and for their brand of amphetamine. Amphetamine was formerly known as benzyl methyl carbinamine, Pat. Nos. 1879003, 1921424 and 2015408.



SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA

average stays six years. The majority come out with good specialist training, there being few better places to study EENT, TB, and VD work. Practice is of two kinds: either in the 94 reservation hospitals, or in field work. The latter is the nearest thing extant to the practice of the old-time country doctor. Such physicians are given an automobile and \$3.50 a day for expenses. Often, they must resort to horseback or foot. On an average, each man covers seven townships. Although there are glaring exceptions, the quarters usually have modern conveniences, including running water, electric light, and heat. Where the Government provides cottages, they cost \$25-\$33 a month. In populous centers, the doctor is expected to find his own residence. Everything but food is furnished. The hunting and fishing, if you are interested, is unusually good. Salaries begin at \$3,200, climb to \$3,500 for the specialist and \$4,600 to \$5,400 for a hospital superintendency.

#### MOSTLY MENTAL

For the doctor interested in psychiatry, St. Elizabeth's Hospital, Washington, D. C., is an ideal training-ground. Among its 6,000 mental cases is nearly every type of aberration. Lectures and clinics are held frequently. Staff members are encouraged to use the splendid library and extensive research

facilities. The experience is especially applicable to a future in community psychiatry, institutional work, or private practice. Sixty physicians are hired at salaries from \$2,000 to \$7,500 a year. Four do psychotherapy, being relieved of all administrative details; six, internal medicine, surgery, and roentgenology. Two hundred autopsies a year furnish ample material for the pathologist or neuropathologist. Both pathologic and x-ray laboratories are well-equipped. The hospital is under the supervision of the Department of the Interior.

#### THE LAST FRONTIER

Do you grumble that the world has become too civilized for any medical pioneering? Then you've probably overlooked Alaska. Twenty-seven thousand native patients are scattered over thousands of miles of coastline. Some of their villages, perched on isolated islands or next to the ice-coated ocean, are visited by white men only once a year. Hereditary diseases ravage these tribes. Pneumonia, TB, and trachoma are common. Smallpox, influenza, and measles frequently snuff out hundreds of lives. Combating these illnesses, the Department of Interior's Office of Education is handicapped by natural conditions. Most of the villages are remote; great distances separate them;

## RAY-D *Irradiated* YEAST TABLETS

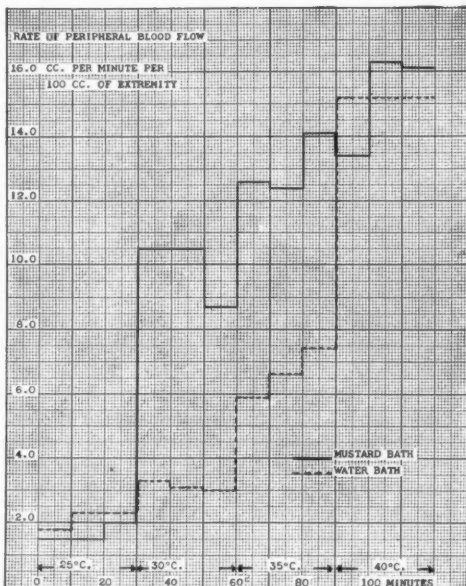
*Brewers yeast tablet containing in addition to Vitamin B Complex factors, 500 U.S.P. XI units of Vitamin D. Potent, inexpensive, palatable.*

**Buffalo, N. Y. NATIONAL INSTITUTE OF NUTRITION Los Angeles, Calif.**



# Mild Mustard Baths at 35° to 40°C. Achieve Optimum Result...

## COMPARATIVE EFFECTS OF WATER BATHS AND MUSTARD BATHS ON THE RATE OF PERIPHERAL BLOOD FLOW OF THE HAND



**T**HE mustard bath containing 0.5% to 0.6% mustard solution, at 35° to 40° C., increases the rate of the peripheral blood flow as much as 74% above the level attained by plain water bath of the same temperature.

The optimum effect is obtained in from 10 to 20 minutes. As large a body surface as possible should be exposed to the mustard bath.

To 10 gallons of water (about half the capacity of the average tub), use half a

pound of mustard for the bath.

Indicated as an aid in correcting disturbances of peripheral circulation. As adjunctive treatment: in reducing fevers, in cases of upper respiratory tract infections, in treating exposure to cold or infection. Insomnia, nervous and muscular fatigue.

A copy of recently published results of experimental studies of effects of mustard baths on the peripheral vascular system will be sent to physicians upon request.

## COLMAN'S MUSTARD

ATLANTIS SALES CORP.  
ROCHESTER, NEW YORK

communication is nil; the climate is severe. But at Juneau, Kana-kanak, Akiak, Tanana, and Noorvik, small hospitals have been established. And in summer, a floating hospital cruises 2,200 miles of the Yukon and Tanana Rivers, bringing aid to thousands of natives in the Yukon valley. If an Alaskan doctor's life is hard, the rewards are correspondingly fair. Of the service's eight physicians, five receive from \$4,000 to \$5,000; the remaining three, from \$2,100 to \$3,600.

#### ILLNESS ON THE ISTHMUS

In pest-hole Panama, physicians are worth their weight in gold. Hence, Uncle Sam keeps 32 civilian M.D.'s on tap in the Isthmus at from \$333 to \$437 a month

apiece. Most are employed in dispensaries and in the quarantine service.

The dispensary physicians practice among employees, their families, ships' crews and passengers; and quarantine physicians handle the quarantine inspection of ships and airplanes and administer the immigration laws. Salaries begin the day of sailing for the Canal Zone. One advantage of this service is the cheap living. Bachelor quarters are about \$9 monthly. This includes rent, furniture, water, electric light, and janitor service. Family lodging—if you can find it—costs from \$10 to \$25 a month. On the red side of Panama's ledger is the vitiating climate. All appointees, consequently, must undergo a rigid physical examination before embarking.



#### Aids Digestion of Starches

Excessive amounts of starchy foods in the child's diet may cause digestive disturbances. COCOMALT's malted diastase helps to convert starches and aids digestion.

Protein-carbohydrate-fat ratio—palatability—digestant function, vitamin and mineral content, make COCOMALT the energy food of choice for patient, child and adult.

*Clinical Package of Cocomalt  
supplied on request*

# Cocomalt

R. B. DAVIS COMPANY

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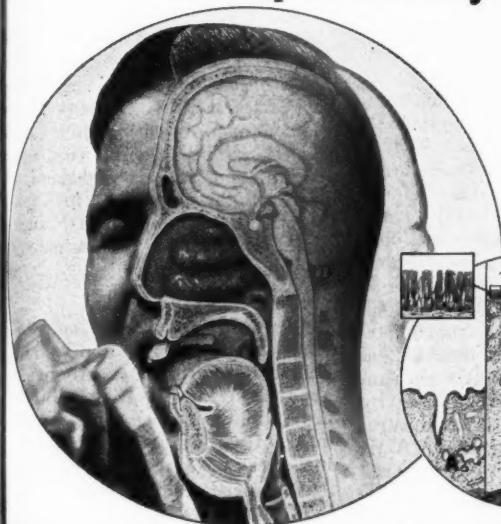
NEW JERSEY

#### MATERNITY'S COMING BOOM

With the administration recommending an outlay of \$82,500,000 for maternity and child welfare, the Children's Bureau of the Department of Labor assumes new job-interest. There is no lack of precedent. Physicians are already employed in three divisions: research in child development, maternal and child health, and crippled children. The first of these divisions studies child-health and community-health control. The others administer Federal grants for maternal and child-health services. Directorships of these units open to M.D.'s, offer \$4,600 to \$6,500 a year. There are seven senior medical officers at salaries of \$4,600, five of whom serve as regional medical consultants in the two programs of Federal aid to the states; five medical officers

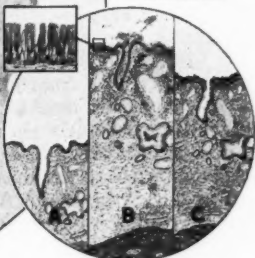
OCT. 4 1938

# IN COLDS—guard nasal mucoperiosteal function!



## BELOW:

- A—Healthy nasal mucosa
- B—In acute coryza
- C—Protected by Pineoleum



THE recognized actions of Pineoleum's well-known ingredients meet squarely the need for help during colds: (1) to correct mucosal dryness and encrustation, favoring vital ciliary activity; and (2), by their astrin- gency, to facilitate nose breathing, so that inspired air may be properly warmed, humidified and filtered.

In addition, (3) local sedation affords gratefully cooling relief from "fulness of the head"; while (4) stimulating and mildly antiseptic properties ease the recuperative process and lessen danger of contagion.

For over thirty years, Pineoleum has held high pro- fessional preferment. Its efficacy derives from its classic formula of camphor, menthol, eucalyptus, pine needle oil, and oil of cassia in a liquid petrolatum base. Or with Ephedrine, it affords an added positive vasocon- strictor action.

Have you personally tested Pineoleum recently?

Write Now for Free Professional Samples

THE PINEOLEUM CO., 8 BRIDGE STREET, NEW YORK, N. Y.

# PINEOLEUM

PLAIN OR WITH EPHEDRINE

PASSIVITY - PURGATION - PINEOLEUM

## AVAILABLE

As a liquid, in Neb- ulizer Outfit; in 30 or 100 cc. bottles.

As an ointment, Pineoleum Ephe- drine Jelly, in col- lapsible tube with nasal applicator.

## INDICATIONS

Coryza, all manifes- tations of rhinitis, influenza, laryngitis, rose colds, hay fever, summer catarrh, ozena.



(\$3,800) and one assistant medical officer (\$2,600) engaged in research or in various administrative phases of these programs.

#### LEGAL LIGHTS

Doctors who can split legal hairs as neatly as an abdomen come in handy at the Veterans Administration in the nation's capital. Of eighteen physicians employed in this capacity, fifteen ponder medical questions arising out of claims coming before the Bureau. Three examine annuity claims of civil service workers requesting disability retirement. Fourteen of these men are in the \$3,000-to-\$3,600-a-year class; two receive from \$3,800 to \$5,000 annually; one, \$5,200 to \$6,000. Approximately ten similar opportunities are offered by the Food and Drug Administration of the Department of Agriculture. Here the work consists largely of judging the acceptability of drug labels. Salaries scale from \$2,600 to \$6,000.

#### SEAFARING DOCTOR

Join the Navy and see the world. Or, join the Coast and Geodetic Survey, see part of the world, and

get \$2,100 a year. At present, five doctors are enlisted in the latter service. They sail on vessels off the coast of Alaska, Hawaii, the Philippine Islands, and the United States. While on board, they are allowed \$1.25 a day for food. Caring for the crew is their chief responsibility, but not all. The crews are pretty healthy. Consequently, the commanding officer often calls upon landlubbing ships' surgeons to stir their stumps and lend a hand with the surveying. The Coast and Geodetic Survey is a branch of the Department of Commerce.

#### SEALERS' SAWBONES

How would you like to hang up your shingle on the Pribilof Islands? It's no joke; and there's a good living in it. The Pribilofs are in the Bering Sea. The Department of Commerce, Bureau of Fisheries, pays two physicians \$2,600 per annum apiece plus food and quarters, to practice in this island group. Named after Sts. George and Paul, the two main islands have a combined population of 430 natives and 25 whites, the latter being Government employees. Natives from the Aleutian Islands are also employed in the sealing

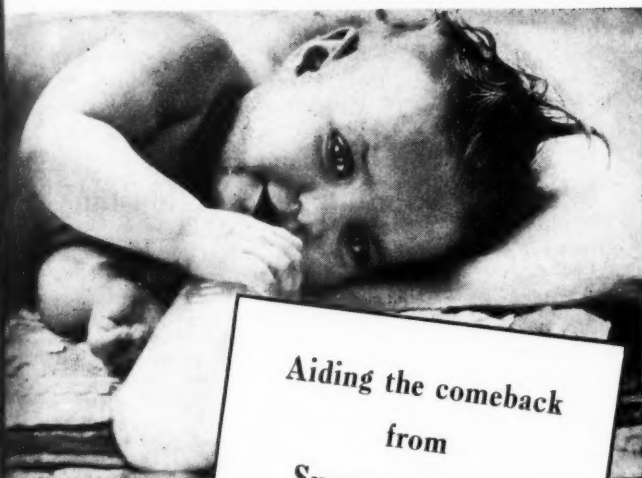


### the dependable urinary antiseptic **CYSTOGEN** methenamine in its purest form

Genito-urinary antiseptics and amelioration of renal and vesical discomforts are accomplished when Cystogen is used in the treatment of urethritis, pyelitis, cystitis, etc. Cystogen flushes clean the genito-urinary tract from kidney to meatus and prevents intra-vesical decomposition of the urine. No irritating after-effects when Cystogen is administered. In 3 forms: Cystogen Tablets, Cystogen Lithia, Cystogen Aperient. Send for free samples.

Cystogen Chemical Co., 190 Baldwin Ave., Jersey City, N. J.

OCT. 4 1938



## Aiding the comeback from Summer Diarrhea

**TO INFANTS** whose digestive capacity and strength have been sapped by hot weather upsets, Dryco can bring help of vital value.

**To help rebuild depleted tissues**, Dryco modifications provide ample protein.

**To safeguard against recurrent upset**, they provide a moderate fat level.

**To assure tolerance**, particularly by very young or markedly asthenic infants, Dryco is more readily digestible.

This readier digestibility, a result of the Just roller process of drying, permits

a return to the full maintenance ration more rapidly than is usually possible with commonly used fluid milk formulas.

In recovery from diarrhea, in severe malnutrition, or in convalescence from infection, the Dryco modification is started at one-third regularly recommended strength, and increased to full strength—in most cases within a week.

● *A handy vest-pocket infant feeding schedule, embodying this successful feeding procedure, will be gladly sent on receipt of coupon.*



# DRYCO



**THE BORDEN COMPANY**  
Prescription Products Dept., Dept. E-108-D  
350 Madison Avenue, New York, N. Y.  
Please send copies of the Dryco Infant Feeding Schedule.

Name \_\_\_\_\_ M. D.  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Check here to receive samples of DRYCO ☐  
Special DRYCO ☐

operations at the Pribilofs. The practice of Pribilof physicians depends, therefore, not upon their ability or reputation, but on how the seals are running. Summer is

the sealing season; the population rises, and so does illness. Compensation includes light and heat, important commodities in that part of the world.

## New medical building serves Houston

When planning Houston, Texas' new Medical Center (see cut), Dr. R. Sheldon Wolfe had two purposes: To bring to the private practitioner conveniences obtainable as a rule only through mass resources. To embody practical ideas from MEDICAL ECONOMICS.

The photo shows the result. Salient facts about this unusual project are as follows:

**Financing:** Private real-estate venture.

**Location:** Easily accessible. Twenty blocks from downtown Houston but within the business district. A rear shed provides free parking for patients.

**Architecture:** Modern. No false "atmosphere." It looks what it is: a medical building.

**Construction:** Brick, glass-block, and hollow tile on concrete-slab foundation. Lot, 90' x 100'.

**Color scheme:** All-white, chromium trim.

**Interior:** Air-conditioned. Furnishings modern. All floors con-

goleum except in operating room. Supplementing private reception rooms is a communal hall with receptionist. Upper floor has five recovery rooms, doctors' and nurses' dressing rooms, kitchen, nurses' station, laboratory, utility room, storage closets, public toilets, and an operating room large enough for possible major surgery.

**Private offices:** Eleven of these, each accommodating one or more physicians. Partitions will divide them, as tenants wish, into reception, consultation, and examining chambers. Services include metered electricity, compressed air, automatic central phone station.

**Occupancy:** Restricted to county society members; one practitioner in each specialty.

**Rent:** For an 18' x 15' space, about \$75 a month.

Of the completed center, Director Wolfe says:

"The whole idea was somewhat inspired by articles that have appeared in MEDICAL ECONOMICS."



*Texans are enthusiastic about this modern Shangri-La.*

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# More about MEDICAL EXPENSE INSURANCE

J. T. D. CORNWELL, JR. *does some interviewing among insurance companies and medical societies.*

Looming steadily larger is medical expense insurance—a possible landfall for a fog-bound profession.

This new form of coverage provides cash with which an insured may pay his doctor. It does not supply the actual service. Free choice is untrammelled. The Government plays no part in the process; and, thus, though geared for social uplift, the plan is *not* a form of socialized medicine.

Heading up organized medicine's interest in this type of insurance is the Medical Society of the State of New York. Details of its specific plan were presented in the February issue, page 40.

Other leading associations are reaching for similar plans. The District (of Columbia) Medical Society, for example, is actively engaged in studying the "possibility of recommending a limited indemnity type of health insur-

ance." There's a possibility that doctors in Brooklyn, N. Y. will soon be asked to support a medical expense insurance policy. So, too, in Rochester, N. Y.

A number of Western medical societies are also reported to be toying with medical expense coverage. The project soon to be launched by the Medical Society of the City and County of Denver (Col.), for instance, may be of the medical-reimbursement type. In Michigan, much preparatory work has been done with a medical expense insurance plan in view.

Lay interest in insurance to provide cash for doctors' bills is developing rapidly. Dr. Frederic E. Elliott, former chairman of the committee on medical economics of the New York state society and a national leader in the trend toward medical expense insurance, reports that he has had inquiries from a score of lay employers in different parts of the country. They want prompt advice on starting a medical expense insurance plan such as the one broached by the New York society. These inquiries, he believes, were prompted by MEDICAL ECONOMICS' February article. He suggests that a number of doctors may have passed the article on to employers among their patients.

Added evidence of lay interest appears in the September *Ladies' Home Journal*. Results of the magazine's survey to discover "what the women of America think about medicine" reveal that—

"Sixty-six percent [of those questioned] would, if given an opportunity, support some plan whereby, for about \$3 a month, a

*medical association [italics ours]* would provide all necessary doctor and hospital service for themselves and their families."

*It is a significant fact that two well-entrenched insurance companies are now offering medical expense insurance in the open market.* Their policies have been neither approved nor officially disapproved by organized medicine. Nevertheless, they are selling rapidly.

These new developments give rise to a number of leading questions:

How, specifically, does medical expense insurance function?

How far does it go in solving today's medical-care problem?

Why haven't more insurance companies long since promoted medical expense insurance policies?

What coverage is offered by the two companies already mentioned?

How bright is the outlook for medical expense insurance projects under the profession's control?

These and subsidiary questions are answered in the paragraphs that follow.

The policies offered by the Peerless Casualty Company, of Keene, New Hampshire, and by the National Casualty Company of Detroit, are similar in their objectives to the New York medical society's plan, namely: to supply, not medical services, but the cash

to pay for them. Résumés of the coverage they purvey follow:

*National Casualty.* The medical expense insurance policies of this company are distributed by the Associated Physicians Service, Inc. which functions as a licensed insurance broker. The A.P.S. sells policies, receives commissions, and is profit-making. Its main office is in New York City; it has a unit in Newark, N. J.; and it proposes soon to establish offices in at least six other states.

The A.P.S. distributes, in all, some ten policy forms. These are sold both to individuals and to employee groups. Each type policy is designed to fit the pocket-book and needs of a particular class of patients; for example:

1. Combined Medical and Hospital Plan. Premium: \$24 a year with an extra fee of \$2 upon issuance of the policy. Benefits: Up to thirty visits by a doctor of the patient's choice (*at \$3 a visit while the insured is hospitalized. (Home and office visits are not covered.)*) Surgeon's fee up to \$150; consultation fee \$10; anesthesiologist's fee \$10; operating room fee \$10; x-rays \$5; and \$5 a day for up to thirty days of hospitalization.

2. Medical Plan. Premium: \$15 a year with an extra fee of \$1 upon issuance of the policy. Essentially the same provisions as the combined plan, except that hospitalization costs are not pro-



## Highly Efficient in Eczema of Infants

Because of its freedom from harsh, irritating drugs, Resinol is especially grateful in the external treatment of infant eczema. Quickly allays itching. Simple and painless in application. For sample, write Resinol Chemical Co., ME-17, Baltimore, Md.

# RESINOL





## Give PAINLESS Iron Injections and watch the Hemoglobin Rise

*Fraisse Ampoules offer these eight advantages:—*

1. Painless injection of iron and vital synergists
2. No unpleasant reaction at site of injection
3. Completely absorbed and utilized
4. No gastric intolerance
5. No staining of teeth; no unpleasant taste
6. Dosage accurately controlled
7. Prompt clinical improvement
8. Economical—as low as 7¢ per ampoule when bought in box of 100

*Kindly send for latest literature*

**E. FOUGERA & CO., INC., NEW YORK**  
Distributors



*Ferruginous Compound Ampoules*  
*Fraisse*

vided for, this policy being intended for those who already subscribe to some group hospitalization plan.

After being in force for one year, both policies just described provide maternity benefits of \$75 for a normal delivery, \$150 for a Caesarian section.

3. Hospital Plan. Premium: \$9 a year, plus \$1 fee upon issuance of the policy. Provisions about the same as those of the combined plan, less surgeon's and consultant's fees.

Junior policies for four- to sixteen-year-olds are offered under each type of coverage. Benefits and premiums are somewhat less than those of adults' policies.

Insureds may choose any physician or hospital at whatever cost, anywhere in the country. How-

ever, the patient must make up whatever difference there may be between the amount he is charged and the amount provided by his insurance.

*Peerless Casualty.* The bulk of this company's medical expense insurance policies have been issued to people in New York City. Distribution of its policies is under the management of Eifer, French & Co., New York underwriting firm. Already, a few policies have been sold in Connecticut, New Jersey, and New England; and the company plans to go into other states as quickly as good management and state insurance authorities allow. To date, some 5,000 of its medical expense contracts have been sold.

Peerless policies come in three varieties designed to fit any pocket-

## *Tompkins Portable* ROTARY COMPRESSOR

### With New Improvements At No Higher Cost

The Tompkins' Apparatus, with new improvements—at no advance in price—continues to maintain leadership as the outstanding value in compressors. The apparatus is now furnished with a handsome light-weight metal top with a compartment for accessories. Finish is in the new popular optical gray.

The motor is quiet running and powerful. Compressor is connected direct to motor shaft; no belts to slip; no springs or valves to get out of order. Screw-tapered couplings are used for all hose connections—there can be no leakage of either positive or negative pressure; tubes cannot come off during operation.



New metal top  
with compartment  
for accessories

**PRICE**  
**\$82.50**

*Sold through your Surgical Supply Distributor*

**J. SKLAR MFG. CO., BROOKLYN, NEW YORK**

**Stressing the Importance**  
**of treating UNPRODUCTIVE COUGH**  
**with non-narcotic, non-distorting**  
**ANGIER'S EMULSION**

The cough reflex, as a result of irritation of the respiratory mucosa, sets in motion an expulsive mechanism. When little or no secretion is present, or if the exudate be viscid, attempts to expectorate are unproductive and definitely tend to increase the irritation.

Angier's Emulsion infiltrates and loosens viscid secretions. Its demulcent action soothes the irritated membrane. It provides a protective coating to inflamed tissue. It facilitates expectoration with a reduced incidence of fatigue and exhaustion.

We invite you to know the facts about Angier's Emulsion . . . to observe how successfully it meets the challenge of coughs, irritations, inflammation and infective congestions of the throat. It further assists in correcting intestinal stasis and normalizing peristalsis by virtue of its infinitesimally emulsified mineral oil content. Its systemic and intestinal values thus become apparent.

Equally well tolerated by child or adult, its neutral taste tends to influence a closer adherence to prescribed routine. No sugar or alcohol. Non-narcotic. Readily miscible with hot or cold liquids in all proportions.

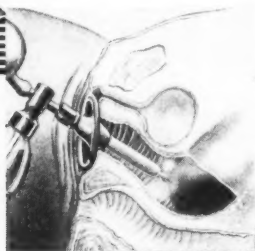
*A Clinical Supply For Professional Use  
Will Be Sent On Request*

**ANGIER CHEMICAL CO.**  
**BOSTON, MASS.**

OCT. 4 1938

# Combined OFFICE AND HOME TREATMENT FOR LEUKORRHEA

Here is the treatment procedure you have been looking for in the management of vaginal leukorrhea.



Insufflation of  
**FLORAQUIN POWDER**  
at regular intervals in the office



Daily insertion of  
**FLORAQUIN TABLETS**  
by the patient

**INDICATIONS**—Because Floraquin destroys the pathogenic organisms, furnishes utilizable carbohydrates for storage as epithelial glycogen and establishes an acidity favorable to the growth of the normal vaginal flora, the Doderlein Bacillus, it is effective in the treatment of various forms of vaginal leukorrhea, regardless of their etiologic factors, and is particularly adapted to the treatment of *Trichomonas Vaginalis Vaginitis*.

**DESCRIPTION**—Floraquin Tablets and Floraquin Powder contain Diodoquin (5-7-diiodo-8-hydroxyquinoline) together with specially prepared anhydrous dextrose and lactose, adjusted by acidulation with boric acid to a hydrogen ion concentration which establishes a normal pH of 4.0 to 4.4 when mixed with the vaginal secretions.

**FLORAQUIN POWDER**  
Bottles of 1 oz. and 8 oz.

**FLORAQUIN TABLETS**  
Boxes of 12 and 24 tablets

50th Anniversary *G. D. Searle & Co.* 1888 to 1938  
ETHICAL PHARMACEUTICALS SINCE 1888

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book. All have the same provisions, but the premiums and, consequently, the benefits allowed for various medical services are graduated. Premiums range from \$2 to \$3.75 a month for 31-45-year-old males; \$2.25 to \$4.25 for same-age females. Benefits are as follows:

Office visits

from \$1.25 to \$2.50

Home visits (day)

from \$1.75 to \$3.00

Home visits (night)

from \$2.50 to \$4.00

The totals allowed for visits in any one year of insurance range from \$250 (cheapest policy) to \$400.

Maternity cases are subsidized at from \$75 (cheapest policy) to \$125; operations, from \$150 to \$300 in any one year of insurance. Amounts allowed for surgeons' fees vary according to a schedule printed on the policy. For example, the indemnity for a Wertheim operation is \$100 under the lowest-premium policy, \$200 under the most expensive. Similarly, urethral prostatic resections are paid for at from \$40 to \$75.

Insureds are also allowed specified sums for hospitalization (including operating room, anesthesia, x-ray, and laboratory fees); for sanatorium residence; and for injection, electrical, and manipulative treatments.

A basic difference between the policies of the two companies is this: *The Peerless indemnifies against the cost of medical service whether it's rendered in the home, at the office of the physician, or in the hospital. The Associated Physicians Service Inc. pays only*

*for doctors' bills incurred while a patient is hospitalized.* However, the policies are alike in these important respects:

1. Free choice of both doctor and hospital is allowed.

2. Character of services rendered rests entirely upon the doctors chosen; the insurance companies do not interfere.

3. Insureds are paid according to the provisions of their policy upon submitting evidence (receipted bills or doctor's affidavit) of medical expenses incurred.

All plans of medical expense insurance—be they commercially or medical-society sponsored—have this in common:

*They are designed for the low- and medium-income class only.* The indigent can't afford the premiums; the wealthy are used to financing expensive medical care and would consider the indemnities allowed too paltry.

In view of the vast middle-class market for medical expense insurance, why haven't more casualty companies capitalized on it?

Listen to these comments by Ralph M. Brann, an officer of the Bureau of Personal Accident & Health Underwriters (some 45 companies belong to the bureau and comprise the most representative group in their field):

"We're afraid of medical reimbursement insurance when sickness as well as injury is covered. We've no idea of the premiums that should be charged. There is the unsolvable problem of the man who likes to be sick. The average doctor is honest. But in his patients' and in his own interest he's naturally more apt to make the not-quite-necessary calls

PREVENT  
BLOOD LOSS

WITH

CEANOTHYN

V

**C**EANOTHYN possesses unusual value as a prophylactic measure in medical and surgical conditions where capillary bleeding is expected.

Its routine pre-tonsillectomy use is established in many laryngologic practices, and it has been employed with considerable success in menorrhagia, metrorrhagia, epistaxis, hemoptysis, menopausal bleeding and postoperative capillary hemorrhage.

Ceanothyn is an extract of *Ceanothus Americanus*, containing the alkaloids in uniform solution (alcohol 10%). It is biologically standardized for oral use, is non-toxic, and hastens coagulation in normal and pathologic individuals.

Average dose: 4 drams, repeated as necessary.

Let us send you a trial supply without charge.

**FLINT, EATON & COMPANY**  
DECATUR ILLINOIS

when his fees are guaranteed by a policy. For dishonest doctors, of course, opportunity in medical expense insurance is wide open. How can you figure these things actuarially?

"We took a licking on health insurance policies ten years ago. So we're extremely wary of getting into anything like them again. Of course, we're not shutting our eyes to the need for this coverage. Eventually, we may find a way."

One of the country's best known medical economists added these observations:

"If medical expense insurance on a commercial basis were worthwhile, the larger companies would have made a big thing of it long ago. The cost of a commercial policy with any scope at all is beyond the purse of the man for whom it is designed."

The physician-vice-president of an eastern casualty company had these thoughts to add:

"The vast majority of old-line life insurance and casualty companies have thoroughly investigated and quite as thoroughly rejected the idea of insuring medical expenses resulting from illness."

Expressing the opposite viewpoint, a Peerless representative said:

"European experience has proved that you can figure the hazard of covering doctors' fees actuarially. Once you reduce the tendency to file small claims, which are the chief source of abuse, your problem is solved. This is achieved by offering a substantial reduction on renewal premiums if no claim is filed during any one year of insurance. This is, in my opinion, the only

The  
**B-D  
ACE  
ANKLE  
ROLLER**



**D**URING the season of the more active sports and outdoor activities, the B-D ACE Ankle Roller will be found extremely handy and effective. Used as a preventive, it heads off sprains and strains and the muscular let-down that follows unusual exertion. As a remedy for the same afflictions, the B-D ACE Ankle Roller gives

comfortable and elastic support to the muscular and bony structure of the foot, speeding up recovery and making walking possible earlier in the process.

For flat feet, fallen arches and metatarsalgia, B-D ACE Ankle Rollers are widely used with excellent results. The width of a B-D

ACE Ankle Roller is 2½", the length 3 yds., the price 50¢ each.

**B-D PRODUCTS**

*Made for the Profession.*

**SECTON, DICKINSON & Co., RUTHERFORD, N. J.**

way whereby medical reimbursement insurance can safely be sold on an individual basis."

Conversations with officials of the Peerless and A.P.S. disclosed some interesting sidelights on how they happened to take an active interest in medical expense insurance originally.

"What's your background?" we asked.

Replied J. Dan'l. Wainwright, president of the Associated Physicians Service, Inc. and former insurance man:

"The doctors who now serve as directors\* of this organization originally formulated the idea. Sick of the profession's talking about the medical-economic problem, they wanted action. They came to me. After one year of constant study, I whipped their plan into shape. The doctors and I incorporated the A.P.S. for \$25,000—each of us contributing."

The Peerless plan's background was described by Mr. A. E. Vaughan, who came here from Germany to promote medical expense insurance:

"Armed with introductions from the European General Reinsurance Company and several internationally-known bankers, I approached officials of leading companies here—the Travelers, the Metropolitan, the National Surety Co., etc. None would take up my

idea. Finally, I contacted some of the smaller companies, and was able to convince the Peerless Casualty Co. of Keene, N. H. that medical reimbursement policies were worth their while. Our coverage, fee schedules, and premiums are now based on the experience of 25 companies in Europe."

Questioned about medical society approval of the Associated Physicians Service, President Wainwright replied:

"The local society has neither approved nor disapproved. Approval has been withheld because we're profit-making."

Volunteered Mr. Vaughn on this same topic:

"I've never contacted medical societies. What's the use? Ten different doctors represent ten different opinions."

Reacting to a query as to why the Associated Physicians Service doesn't include reimbursement for home or office calls, Mr. Wainwright declared:

"We confine our services to hospitalized cases because it's impossible to check records of home and office treatments."

Since a number of insurance companies point to a lack of actuarial soundness in policies to underwrite the costs of illness, the question may well be asked: Can medical societies safely venture where insurance companies fear to tread?

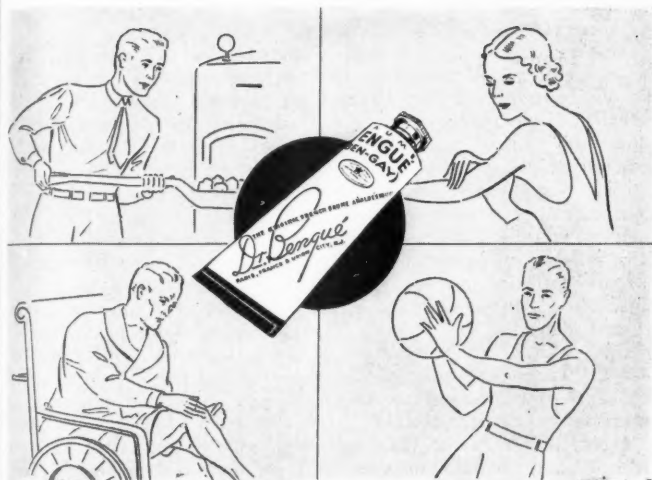
Here's one answer:

**PILKA** Relieves **PERTUSSIS**  
Send for **Free Sample** Shortens Its Duration

Takamine Laboratory, Inc., P. O. Box 188, Clifton, N. J.



OCT. 4 1938



## When DECONGESTION is a Factor in Therapy

Baume Bengué produces prompt and dependable relief of pain in myositis, myalgia, arthritic and rheumatoid conditions, the systemic discomfort of influenza, etc. The induced hyperemia rapidly leads to decongestion of the deeper structures, thus adding therapeutic value to the anodyne action of the cutaneously absorbed methyl salicylate. As an emplastrum Baume Bengué is a recognized aid in the therapeusis of respiratory infections.

THOS. LEEMING & CO., Inc., 101 W. 31st STREET, NEW YORK, N. Y.

**BAUME BENGUE'** *Analgésique*

Free choice of doctor is an essential provision of sound medical expense insurance. The commercial interests admit that. Yet, as Mr. Wainwright and Mr. Brann indicated, free choice under a commercial plan opens the door to abuse of policy provisions by conscience-less practitioners. Insurance companies cannot readily supervise and discipline the physicians selected by insureds. Most medical societies can—with a minimum of unnecessary or exorbitant claims.

Listen to Dr. Elliott on this score. Says the recent chairman of the New York state medical society's committee on medical economics:

"Life, casualty, and personal accident and health insurance companies have not gone into the medical expense field because

they fear the activities of dishonest doctors not subject to disciplinary control. But, now, in New York a revised workmen's compensation law makes it possible for the medical society to end—and with dispatch—a doctor's penchant for submitting irregular bills for services rendered to insureds."

So, the profession itself—and only the profession—can provide an important ingredient for the actuarial success of medical expense coverage, namely: efficient supervision of the physicians who attend insureds. Furthermore, a medical society's control could, through individual doctors, curb malingerers. This, of course, would have a beneficent effect on the ratio of premium income to claims.

Oddly enough, medical, instead of insurance, authorities have

## T A U T NERVES

*Relax*

AND WELCOME SLEEP  
ENFOLDS..

The hypnotic influence of Bromidia is gentle, yet profound and dependable. It quickly induces sleep after a short period of drowsiness, affording relaxation and physical recuperation free from post-hypnotic headache or depression.

Because it is a liquid preparation, Bromidia may be given in exactly the



quantities indicated. In one dram doses, it produces relaxing sedation; in two or three dram dosages it leads to restful, quiet sleep closely resembling the normal. Bromidia is indicated in emotional upsets, manic states, and in all forms of insomnia.

BATTLE & CO., ST. LOUIS, MO.

# BROMIDIA [BATTLE]

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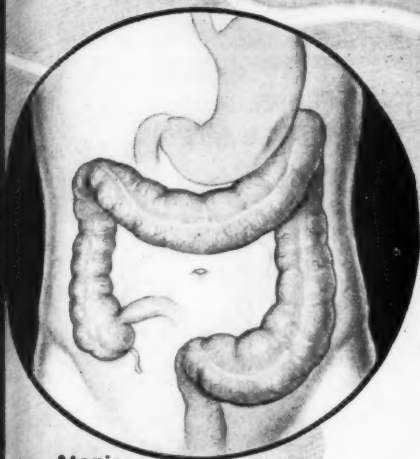
# INTESTINAL CLEANSING with WATER BULK

for

**Laxation**

**Lubrication**

**Flushing**



**Atonic  
Constipation -  
Sal Hepatica  
provides liquid  
bulk for its  
relief.**

Chiefly water is the fluid bulk retained by the intestines following administration of Sal Hepatica. The safe, effective fluid bulk is derived through heightened osmosis. It aids in stimulating peristalsis and lubricating and flushing of the intestinal tract. There is no danger of irritation or stoppage.

Hyperacidity, often accompanying constipation, is relieved by Sal Hepatica - neutralization of excessive gastric acidity. Cholagogue and choleretic action favors flow of bile from the liver, into the gall bladder and thence, into the duodenum. Sal Hepatica aids the entire digestive tract.

Sal Hepatica simulates the action of famous mineral spring waters. It makes a zestful, effervescent drink.

Samples and literature available upon request.



## **SAL HEPATICA**

*Flushes the Intestinal Tract and Aids Nature to Combat Gastric Acidity.*

# ADAPTING EVAPORATED MILK



## TO PROPERLY PROPORTION EVAPORATED MILK FORMULAS

### PRESCRIBE

EVAPORATED MILK =	$\frac{3}{4}$ oz.	} Per Pound of Body Weight
WATER =	$1\frac{1}{4}$ ozs.	
HYLAC =	1 Measure*	

~and multiply these amounts of  
Evaporated Milk, water and HYLAC  
by the weight of the baby.

\* A 4-Gram Measure-Spoon is contained in  
each can of HYLAC

1



## EXAMPLES

<u>BABY'S WEIGHT</u>	<u>YOUR PRESCRIPTION</u>
10 lbs.	<div><div>7.5 OZS. EVAPORATED MILK</div><div>17.5 OZS. WATER</div><div>10 MEASURES HYLAC</div></div>
12 lbs.	<div><div>9 OZS. EVAPORATED MILK</div><div>21 OZS. WATER</div><div>12 MEASURES HYLAC</div></div>

After the infant  
it is

After the infant attains the weight of 15 lbs.  
it is not necessary to make further increases  
in the formula. The infant should continue on  
the formula for a 15 pound baby until the  
12<sup>th</sup> month, since supplementary solid foods  
will supply the extra caloric needs.

2

For free samples of Hylac mail your professional blank to Dept. H-51

## NESTLÉ'S MILK PRODUCTS, Inc.

155 EAST 44th STREET, NEW YORK CITY, N. Y.

# FOR INFANT FEEDING



RESULT			
YOUR PRESCRIPTION		COMPARED WITH HUMAN MILK	
FAT	= 3.4%	-----	3.5%
CARB	= 6.4%	-----	6.5%
PROT	= 2.1%	-----	1.5%
CALORIES	Per OZ. of MIXTURE	= 21	20
CALORIES	Per lb. of baby's weight	= 53	50

3



".... In brief, this modifier (HYLAC) used with dilutions of whole cow's milk makes it possible to offer to the infant, formulas which contain generous protein, mineral salts, and vitamins, with increased supply of iron and vitamin B, and with a generous supply of easily digested fat similar in proportion to that found in human milk and having a balance of food elements conducive to proper and normal digestive conditions."

De Sanctis, Craig and Fales, Pediatric Dept., New York Post-Graduate Medical School, Columbia University, The Journal of Pediatrics, December, 1933.



ADVERTISED TO PHYSICIANS ONLY

4

HYLAC is a spray dried mixture of malted whole wheat extract (essentially dextrins and maltose), with homogenized cow's milk, added milk fat and milk sugar, and a small amount of iron citrate. HYLAC is the only available modifier which increases both the sugar and the milk solids of diluted cow's milk so as to provide formulas approximating normal human milk in percentages of milk fat, protein, carbohydrate and minerals (ash).

brought out a most practical means of keeping medical expense insurance claims within bounds. Leading plans sponsored by medicine embrace the so-called deductible provision (familiar to those who carry collision insurance on their cars). The scheme worked out by the New York state society, for example, is not designed to cover the costs of minor ills. Bills up to a certain amount—say \$10—would not be paid out of insurance funds. Four reasons: (1) much unwarranted drain on funds is eliminated; (2) fewer claims, less detail, and, therefore, lower administration expenses are incurred; (3) the average low-income family can meet the costs of minor services; and (4) the costs and incidence of major illnesses are pretty well established and can be figured actuarially.

The deductible principle was incorporated in the forerunner of ethical medical expense insurance plans when it was started a decade ago in Brattleboro, Vermont. Figures for a typical fiscal year reveal that premium income was about \$7900; benefit payments, \$6800—a proper result in any actuary's opinion.

Another point:

The New York State insurance department is admitted to be one of the strictest in the country. It has approved the coverage offered by the Peerless and by the National Casualty. So have other states. Which would seem to be an indication that medical expense insurance faces not quite the dire actuarial fate that some of the big companies forecast.

One thing is certain at least. Medical societies must approach medical expense insurance with great circumspection. But they must approach it. Otherwise, they risk losing control of this new-type service to outside interests.

## Quiz answers

[See page 37]

1. Two. Experience shows that this brings best results. To send a letter after rendering only a single bill suggests greediness; to wait until three or four bills have been sent implies lax business procedure. Two bills, then the letter, is the right order.

2. Accept. But make a written note of the details—in the pa-



## Ease those "Off" Days at Studies or in Outdoor Sports

**RHVC**

by prescribing HVC, a safe and long tested anti-spasmodic and sedative which contains no narcotics or hypnotics.

HVC is indicated not only in general medicine but also in Obstetrical and Gynecological practice.

*Trial Sample with Literature to Physicians*

**NEW YORK PHARMACEUTICAL CO.**  
**BEDFORD SPRINGS** **BEDFORD, MASS.**

OCT. 1938



*Like the Touch  
of Soothing Hands*

## **PEACOCK'S BROMIDES**

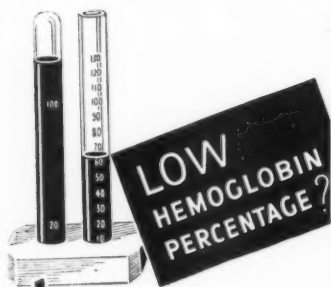
*Soothing Sedative . . . Gentle Hypnotic*

The calming influence of this sedative decreases nervous and muscular hyper-irritability. It induces relaxation and encourages rest and sleep.

This synergistic combination of alkali and alkaline earth bromides is indicated in the treatment of Insomnia, Convulsion, Hysteria, and as a supplement to routine bedside therapy.

The well-known purity and uniformity of PEACOCK'S BROMIDES assures successful, but gentle sedation and hypnosis.

OD PEACOCK SULTAN CO., Pharmaceutical Chemists  
4500 Parkview St. Louis, Mo.



# R GUDE'S Pepto-Mangan

GUDE'S PEPTO-MANGAN is a neutral organic solution of true peptonate of manganese and iron. It helps add hemoglobin to the blood, making it rich and red, building resistance to colds and illness. Very palatable.



Liquid and  
Tablet form

•  
Samples and further information gladly sent upon receipt of your personal card.  
•

**M. J. BREITENBACH CO.**  
160 Varick Street, New York, N. Y.

tient's presence. Read it aloud; ask if it is correct. Don't accept by saying casually: "That will be all right, John"; or "O.K., Mr. Smith." Instead, let the patient see that you mean business and that you keep records.

3. By enclosing a postage-paid, self-addressed envelope.

4. Yes. It assures proper credit and suggests that you *expect* a remittance.

5. Send bills two or three days before the first of the month. Send letters on odd dates such as the 20th. That makes the letters stand out from the flood of bills coming in around the first and increases the chance of their reaching the patient before he has exhausted his monthly resources.

6. By letting the patient understand the full value of the service and why special consideration is being shown. By applying the discount only if the bill is paid before a specified date. The bill should then be rendered for full amount, and the discount explained in the accompanying letter.

7. First, for those who express satisfaction or gratitude, but who explain: "I'll pay you—although I can't say when." Second, for patients whose delinquent accounts are small and to whom the doctor can say, "If you'll meet half this balance, I'll meet the other half."

8. Promptly acknowledge the explanation. Attach letter and copy of your acknowledgement to the patient's file. Suggest a suitable payment (either by installments, if patient has a small regular income, or by discounting



OCT. 4 1938

New



## H-R EMULSION JELLY

The newest clinically proven development in vaginal jellies. By the makers of Koromex, (*the Physician's Method*).

- water soluble
- spreads easily
- high viscosity
- pleasant floral scent
- stable over wide range of pH scale
- extremely low index of irritation

Clinical reports affirm our belief that this jelly represents one of the outstanding advances in this field, reflecting the many years of experience and laboratory research on which it was based.

*Send for free sample and literature*

# HOLLAND-RANTOS CO., Inc.

(Makers of Koromex Products)

37 East 18th Street, New York  
308 W. Washington St., Chicago  
520 West 7th Street, Los Angeles

part of the bill if the patient has meagre assets with irregular income. Enclose a self-addressed, postage-paid envelope for his reply.

9. Promptly acknowledge the letter. Attach the complaint and a copy of your acknowledgement to the patient's file. Ask the patient to stop in and talk it over. Make an appointment and explain that the conference is not a regular office visit (lest he fear he will be charged for it).

10. First, be scrupulously fair in billing the patient, and charge regular fees only. Second, explain to the patient and to the attorney that this is the usual and reasonable fee, and that the charge is not contingent upon the judgment. Knowing this, the lawyer will use

the actual medical charges as a working basis in negotiating settlement. (Incidentally, many states permit physicians to take liens in such cases. Learn from an attorney what the rules and procedures are in your state, and execute a lien if the statutes permit.)

Members of the California State Board of Medical Examiners look with growing suspicion on foreign medical school diplomas. One immigrant quack recently claimed graduation from the "National University of Belgium." There is no such institution.

Recommended to psychologists who look to Freud for the solution of certain medical problems, is Funk & Wagnall's definition of love: "In some games, as tennis, nothing."

## Teamwork and Intensifying Screens

have much in common—agree Doctor X and Doctor Z

**DOCTOR X**—"I call that a perfectly balanced team, Doctor. That's one thing I like about Coach Jones. He doesn't develop stars at the expense of team work."

**DOCTOR Z**—"Right you are. And if you will pardon me for talking 'shop', it reminds me of that Balanced Radiography which the Patterson Screen Company talks about."

**DOCTOR X**—"Yes, balance in radiography certainly is just as essential as



balance or team work on the gridiron."

**DOCTOR Z**—"As Dr. Smith stated the other night, Intensifying Screens are the balance wheels that bring into proper relationship the various factors which we must contend with in making radiographs."

**X-RAY INTENSIFYING SCREENS ASSURE BALANCED RADIOGRAPHY**

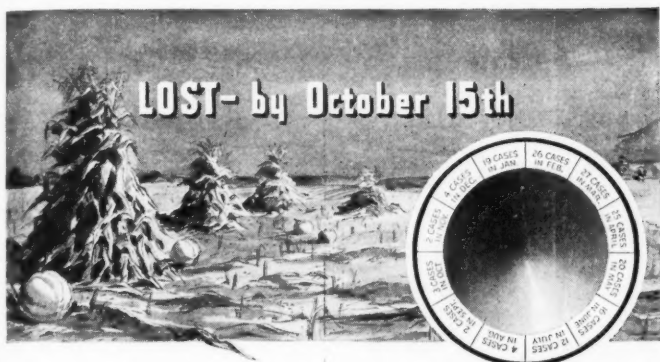
# Patterson



Intensifying **Screens** Fluoroscopic

**THE PATTERSON SCREEN COMPANY, TOWANDA, PENNSYLVANIA**

1. They greatly reduce exposure time.
2. Greatly reduce danger of movement.
3. Minimize over-exposure danger to patients.
4. Permit larger number of repeat exposures.
5. Assure high degree of detail and maximum contrast.
6. Greatly reduce wear on tubes and equipment.



## 72.3% OF SUN'S VITAMIN "D"!



The circle chart shown above demonstrates clearly the loss in sunlight's Vitamin D value\*—and traces the mounting threat of rickets\*\* which accompanies the sun-weak months.

Insidious because too often its symptoms are not readily discernible, *rickets develops secretly now*, frequently becomes established *before* winter really starts. It flares up during January and February—reaches its peak in March, recedes but slowly during April and May, is prevalent even during June and July.

Rickets thrives on accumulating deficiencies of Vitamin D. Present conditions foster it. To protect against rickets, forerhand physicians prescribe Viosterol during the present sun-poor months.

Grounded on intensive clinical research and the satisfactory results obtained by the rank and file of individual physicians, Foundation-licensed Viosterol has demonstrated its efficacy continuously since 1928. Concentrated and tasteless, it is easy to administer

to the infant or growing child. Equally well it serves the mother during pregnancy and lactation.

Foundation-licensed Viosterol is a reliable antirachitic, dependable in its Vitamin D potency, uniformity and efficacy. It is produced by pharmaceutical houses of unquestioned integrity—Abbott, Mead Johnson, Parke-Davis, Squibb and Winthrop.

\*Based on Laurent—"Physiological Effects of Radiant Energy," p. 44.  
\*\*Six Years Clinical Experiences with Viosterol," Shelling and Hooper, Page 165, Bulletin of Johns Hopkins Hospital, Vol. LVIII, No. 3, March 1936.



## WISCONSIN ALUMNI RESEARCH FOUNDATION MADISON, WISCONSIN

Please send information on the Foundation-Licensed VIOSTEROL of

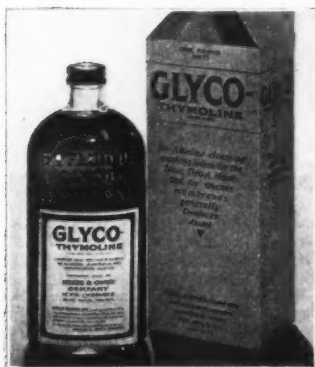
- ☐ Abbott
 ☐ Mead Johnson  
☐ Parke-Davis
 ☐ Squibb
 ☐ Winthrop

Name .....

Address .....

City ..... State .....

# For over FORTY YEARS



the profession has used and prescribed **GLYCO-THYMOLINE**, the original alkaline preparation, to aid in the prevention and treatment of

## COLDS and Sore Throats

*Send for Samples*

KRESS & OWEN COMPANY  
361-363 Pearl Street, New York

## Billing technique for anesthetists

Get your bills to the patient fast! Many successful anesthetists make this a set rule. For, they say, no one is more quickly forgotten than the man who works while the patient sleeps. Dr. David N. Treweek, West Hollywood, Calif., insures a speedy response by leaving his bills at the hospital's business office. Says Dr. Treweek:

"My bill is presented with the hospital's. Patients usually pay both at the same time. In the event of non-payment, the hospital probably knows the reason. Perhaps, as often happens, the patient may not understand why a separate bill for anesthesia is necessary. In that event, the hospital apprises me of the fact. I then contact the patient immediately and explain the charge."

Dr. Carlos Eugene Fallon, Newburgh, N. Y., brings himself to the patient's attention even sooner. He introduces himself just *before* administering the anesthetic. Says he:

"I impress myself on the patient's mind by having a cordial chat with him. This makes him remember me. Then, when he wakes up and is confronted with a bill, he is less apt to say, 'Here's a doctor I never saw before. And he wants a fee!'"

"I send statements 48 hours after the operation. It means extra work and requires closer follow-up, but it has raised my collections from 49% to 85%. Occasionally, the touchy are offended—and pay at once! Sometimes, they complain to the surgeon. He, knowing the reason for promptness, nearly always backs up the anesthetist."

England's greatest authority on warships is not a sailor but a London surgeon, Dr. Oscar Parkes.

OCT. 4 1938



## An Achievement A STABLE CASCARA EMULSION

Difficult as the task was, we have been able to incorporate non-bitter cascara in a fine emulsion which remains stable under ordinary conditions.

### KONDREMUL with CASCARA

is indeed an outstanding pharmacologic achievement, as it offers the tonic laxative effect of cascara sagrada combined with the regulative action of the superior emulsion, Kondremul.

The pleasant taste and gentle action of Kondremul with Cascara give it an outstanding place in the treatment of those types of constipation in which mild laxation is desired in addition to soft, lubricating bulk.

Kondremul is also available as *Kondremul Plain*, a palatable emulsion containing 55% mineral oil with Irish Moss (*Chondrus Crispus*), and *Kondremul with Phenolphthalein*, containing 2.2 gr. phenolphthalein per tablespoonful.

**THE E. L. PATCH CO.**  
**Boston, Mass.**

THE E. L. PATCH COMPANY  
Stoneham 80, Boston, Mass.

Gentlemen: Please send me clinical trial bottle of

- ☐ KONDREMUL (Plain)  
☐ KONDREMUL (with Phenolphthalein)  
☐ KONDREMUL (with Cascara)  
(Mark preference)

Dept. M. E. 10

Dr. ....  
Address .....  
City ..... State .....

NOTE: Physicians in Canada should mail coupon direct to Charles E. Frost & Co., Box 247, Montreal—producers and distributors of Kondremul in Canada.



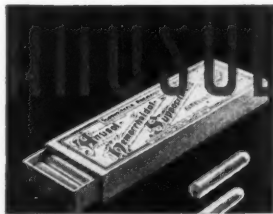
# POINTS IN HEMORRHOIDAL THERAPY

Therapeutic effectiveness, safety, absence of accessory or systemic effect, convenience—these are the four points that distinguish ANUSOL SUPPOSITORIES.

Relief of pain and discomfort is attained by decongestion, not by narcotic, analgesic or anesthetic drugs. Anusol Suppositories are protective and soothing, because the ingredients are incorporated in an emollient base. No belladonna, no epinephrin, no ephedrin—nothing that may cause systemic reaction, is contained in Anusol Suppositories. And they are so shaped that introduction could not possibly cause trauma. Every consideration, indeed, suggests the use of Anusol Suppositories for the medical treatment of hemorrhoids. It is therapy that has conclusively proved its value.

**SCHERING & GLATZ, INC.**  
113 West 18th Street • New York City

•Anusol Suppositories are supplied in boxes of 6 and 12. A trial supply gladly sent on request. Please write on your letterhead.



When  
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# Investors' Clinic

*Packaged foods . . . Gold and gold mines*

*The stop-loss order . . . A check on rubber*

When your corner grocer sells you a package of pancake flour, you probably think little of the rapid change that has taken place in the handling of food.

Not so long ago, almost all food was sold in bulk. Your kerosene was drawn from a barrel in the back storeroom; beans were scooped from a bin, and so were coffee and other foods. The vapors, odors, and appearance of the store were anything but inviting.

The "new era" began about thirty years ago with the packaging of breakfast foods by a far-sighted manufacturer. "Never touched by human hands," he advertised. The idea "took" with the public. His sales increased, and other companies began putting up foodstuffs in packages.

Today nearly all specialty food products are thus put up. The packaged-foods industry has become one of our largest. Moreover, it is one of the most profitable. Earnings are steady in good or bad times; people have to eat during depressions as well as in boom periods.

Consequently, shares of these companies are worth looking into for investment.



No protection or hedge against currency inflation rates so highly as gold. Gold will get you places and buy things no matter where

you are. That's why a handful of gold-mining stocks is attractive to investors who think there is danger of inflation. These investors realize that a property producing gold will always have value while the world's monetary system is based on gold.

But in buying gold-mining stocks you must be exceedingly careful. There are a hundred worthless ones for every good one.

Never buy a gold-mining stock from a stranger. Fly-by-night salesmen with bogus securities are constantly looking for easy marks. And they find plenty of them.

Don't buy a gold-mining stock that isn't listed on a leading exchange. The best of these stocks are traded on the New York and Toronto Stock Exchanges.

Don't put more than a fraction of your available investment funds into gold-mining shares. Even under the ablest management, the gold-mining business is highly speculative. That's inherent in its nature.

And don't buy a gold-mining stock until you've had your broker look up the rating of the company. Have him show you what the company paid in dividends for the past ten years. Was it a steady money-maker? Does the management rate well? Has it filed a registration statement with the Securities and Exchange Commission at Washington? Has the

# PAMPHLETS ON Socialized Medicine

*For Distribution to Your Patients*



Do you believe the public should be taught the evils of socialized medicine? Then you'll want to do your part by distributing copies of the pamphlet shown above. They're available *at cost*: 20c per carton of fifty; or \$3.50 per 1,000 without cartons.

Simply place a carton on your reception-room table. Fold back the top, which reveals the words, "Take One!" And patients will help themselves.

The pamphlets have several unique advantages: They're brief—only about 900 words long. They're carefully worded to reflect the best professional ethics. They're comprehensible to anyone. And they're inexpensive and convenient to use.

No commercial or other imprint appears on them except the words, "Copyright, 1938, Medical Economics, Inc." in small type. They measure 6" x 3 1/3" and have two folds. A sample is yours for a three-cent stamp.

Medical societies may obtain the pamphlets in large lots (without cartons) for distribution among service clubs, legislative bodies, and other opinion-molding groups.

Address: MEDICAL ECONOMICS, INC., Rutherford, N. J.

Better Business Bureau received any complaints about the company? Your broker can get the answers for you without trouble.



In the speculative market, protective devices are few and far between. However, one with merit is the stop-loss order. Although not 100% water-tight, it does provide a means of reducing losses. Hence, you should be familiar with it. Here's how it works:

You put in an order to buy ten shares of steel at \$60 a share. The market looks good and you think it's safe to buy on margin, which necessitates paying about \$30 a share as down payment. But you've seen stocks break before, and this time you don't want to risk the total loss which often endangers securities held on margin.

For your protection you give the broker a stop-loss order. You tell him to sell your ten shares if the stock drops as low as, for example, \$55 a share. In other words, you limit your loss to \$5 a share.

If the stock goes up, of course, you're sitting pretty. If it goes down to 55, your stop-loss order will be touched off; the broker will automatically sell your shares.

Assuming that the stock drops to 20, you'll save—in the above case—at least the difference between \$55 and \$20 a share, and perhaps your total investment. In effect, you've limited your possible loss without disturbing your profit opportunities.

People who are "reaching for the bottom" of the market can use the stop-loss order to good advantage.



**Iron, Essential  
In Infant's Diet,  
Supplied In  
Significant Amounts  
By Canned  
Strained Foods**



The optimal iron requirement during the first year of life may be as high as 5 milligrams from 3 to 6 months of age and 10 milligrams from 6 to 12 months of age. (1)

Metabolism studies on young infants usually have shown a negative iron balance, (2), and a slight degree of nutritional anemia appears to be more prevalent among infants considered normal than has been previously recognized. If the average intake of iron for the average normal infant is inadequate as the foregoing indicates it is of considerable importance that a two-ounce feeding of any of the Gerber foods



1. Council on Foods, Jour. Amer. Med. Assn. 108, 1259 (1937)
2. Iron retention in infancy. Stearns & Stinger, Jour. of Nutr. 13, 127 (1937)
3. The Influence of a Daily Serving of Spinach or Its Equivalent in Oxalic Acid Upon the Mineral Utilization of Children, Jour of Ped 12, 88 (1938)
4. Chemical Analysis of Gerber's Strained Foods.
5. The loss of minerals and other constituents from vegetables by various methods of cooking. Peterson & Hoppert, Jour. Home Economics, 7, 265 (1925). A resume of Literature on the Nutritive Value of Canned Foods, Research Dept., Continental Can Company.

supplies at least 0.5 milligram and frequently more of iron.

A two-ounce feeding of Gerber's Strained Prunes supplies 2.8 milligrams of iron. Spinach provides about .6 milligrams; its availability may or may not deserve questioning. (3) Liver soup is richer in iron than spinach. Vegetable soup is equal in iron to spinach. Apricot and apple sauce contains half the iron supplied by prunes. Peas and green beans one-third the iron in prunes. Larger servings supply proportionately larger amounts of iron. (4)

No losses of the minerals present in the raw foods occur in the procedure used in cooking and straining Gerber's Strained Foods. (5)

"Even though all of the iron of all fruits and vegetables is not available iron, the fact remains that canned strained fruits and vegetables may supply what appear to be significant amounts of this essential dietary factor." (1)

• • •

**Free on request:** Analyses of mineral and vitamin content of Gerber Strained Foods. Also recent reprints. Gerber Products Co., Dept. 2210, Fremont, Michigan. (In Canada, Gerber's are grown and packed by Fine Foods of Canada, Ltd., Tecumseh, Ont.)

## Gerber's BABY FOODS

11 VARIETIES FOR A MORE DIVERSIFIED DIET

APRICOT AND APPLE SAUCE . . . BEETS  
CARROTS . . . CEREAL . . . GREEN BEANS  
LIVER SOUP WITH VEGETABLES . . . PEAS  
PRUNES . . . SPINACH . . . TOMATOES  
VEGETABLE SOUP

## ALL THE EFFICACY of IODINE

*but in palatable,  
well tolerated form*

### GARDNER'S SYRUP OF HYDRIODIC ACID

This stable preparation of hydriodic acid serves effectively in all the conditions in which iodine and the iodides are indicated, viz.:

**Pneumonia, Common Colds and all Respiratory Affections, Goiter, Glandular Enlargements, Infections, Hypertension, Rheumatic Disorders, Syphilis, Eczema.**

Its acid reaction assures that it will not neutralize the normal gastric secretions and its *pleasant flavor and minimized toxic potentiality* make it notably suitable for prolonged treatment.

Gardner's Syrup of Hydriodic Acid contains *pure*, resublimed iodine (6.66 gr.) and gaseous hydrogen iodide (6.72 gr.) per fl. ounce. This formula not only provides a larger proportion of the iodine element than KI, NaI and other alkaline iodides, but has demonstrated marked efficiency in relatively smaller doses.

Specify "Gardner." In bottles of 4 and 8 ounces.

SAMPLES AND LITERATURE  
TO PHYSICIANS ONLY

**FIRM OF R. W. GARDNER**

*Established 1878*

ORANGE

NEW JERSEY

tage. It cuts their potential losses in the event they guess wrong.



World demand for rubber is picking up. The U. S. Department of Commerce reports, for example, that automobile companies have worked off their inventories (surplus of manufactured but unsold cars) and will produce many more cars in 1939 than are scheduled for this year. Result? More tires, and an increased demand for rubber. Bigger orders from motor companies will mean bigger profits to tire manufacturers. Furthermore, the concomitant rise in crude rubber prices will find reflection in the earning statements of tire and rubber companies. Selected shares in the industry look attractive.

—FRANK H. MCCONNELL

## Just published

### ARTICLES

THE UNSERVED MILLIONS, by Helen Hall and Paul Kellogg. Discussion of findings of the Technical Committee on Medical Care. (*Survey Graphic*, September, 1938)

THE DOCTORS FACE REVOLT, by Avis D. Carlson. New experiments in group practice. (*Harpers*, September, 1938)

DOCTORS DON'T KNOW, by Dr. Edward S. Cowles. A physician speaks his mind about diagnosis. (*Liberty*, August 27, 1938)

### BOOKLETS

INVESTMENT TRUSTS AND FUNDS FROM THE INVESTOR'S POINT OF VIEW, by E. C. Harwood and Robert L.



You can hasten  
its departure with

# Trophonine



## FORMULA

Beef, malt, barley, milk and cocoa

## DOSAGE

As the only nourishment, 1-2 tablespoonfuls every three hours; as a secondary food, 1/2-1 tablespoonful four times a day.

**T**HIS liquid tonic food—highly concentrated and partly predigested—is ideally suited to the nutritional requirements of those unable to accommodate solid food. Or as a dietary supplement, it supplies readily assimilable nourishment without excess burden upon the gastrointestinal system. It represents a concentrate of five food elements, rich in proteins and carbohydrates, in a palatable and highly adaptable form. Patients who have failed to respond to other dietary regimens, frequently make rapid strides with Trophonine.

**Indications:** Acute illnesses, fevers, convalescence, inflammations of alimentary tract, anemia, following operations, and wherever solid food is interdicted. It is particularly useful for children and the aged.

*We shall be pleased to forward a full-sized bottle for trial.*

**REED & CARNRICK**  
JERSEY CITY, N. J.



..... but goes away on foot."

W. C. Hazlett  
English  
Proverbs

# "NO Scratching"



In eczema, protein sensitization, urticaria and other allergic skin manifestations, decrease the secondary infection and injury produced by scratching.

To obtain immediate comfort and to aid healing of the underlying lesion, swab the involved area frequently with

## CAMPHO-PHENIQUE

Antipruritic, Analgesic, Antiseptic

CAMPHO-PHENIQUE CO. ME-10  
500 N. Second St., St. Louis, Mo.  
Gentlemen: Sample, please.

Dr. \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ at State \_\_\_\_\_

Blair. (American Institute for Economic Research, \$1)

### BOOKS

THE LIFE AND LETTERS OF FIELDING H. GARRISON, by Solomon R. Kagan, M.D. The biography of a medical historian. (Medico-Historical Press, \$3)

TRIUMPH OVER PAIN, by René Fulop-Miller. The story of anesthesia. (Bobbs-Merrill, \$3.50)

I SWEAR BY APOLLO: A LIFE OF MEDICAL ADVENTURE by William E. Aughinbaugh, M.D. (Farrar & Rhinehart, \$3)

THE HEALING KNIFE, by George Sava. Auto-biography of a surgeon. (Harcourt, Brace, \$2.50)

THE MAYO CLINIC, by Lucy Wilder. A guidebook and history of the institution. (Harcourt, Brace, \$1.50)

For the convenience of physicians seeking the services of a nurse, technician, or secretary, *R. N.—A Journal for Nurses* will accept "help wanted" notices free of charge. Reaching 101,000 registered nurses in all parts of the country each month, the magazine requires only that your advertisement be confined to four lines, figuring about six words to the line. If you prefer that your name be omitted, you may have a box number, and all applications will be forwarded to you. Send your notices to *R. N.—A Journal for Nurses*, Ruthersford, N. J.

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### THE VITAMINS and their Clinical Applications

Prof. W. Stepp (Munich)  
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H. A. H. Bourman, M.D., translator

This 170-page manual, with complete bibliographies, has just been translated. It should interest every physician who wants to understand the use of vitamins in his daily practice. 81.50

### VITAMIN PRODUCTS CO.

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# Bring Comfort to the Diarrhea Patient

KAOMAGMA restores bowel confidence  
and brings comfort to the diarrhea patient  
by consolidating the stool.

KAOMAGMA is finely divided medicinal kaolin dispersed  
in a colloidal gel of Aluminum Hydroxide. Kaolin so pep-  
tized with alumina gel has the advantage of maximum  
adsorbent power.

KAOMAGMA promptly checks diarrheas—  
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## Three Types—KAOMAGMA-PLAIN

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# NEWS

OCT. 1938

## Uncle Sam Wants You

The War Department is recruiting physicians for the U. S. Army Medical Corps. Those accepted will be appointed First Lieutenants as vacancies occur during 1939. Examinations will be conducted by medical boards throughout the United States this Dec. 5 to 9. Candidates must be male, graduates of an accepted medical school, have one year's internship in an approved hospital, be not over 32 years old at time of commissioning, considered adaptable to military service. Both physical and written professional examinations are required. National Board licentiates may be exempted from the written examination. Further information and application blanks are obtainable from the Adjutant General, War Department, Washington, D. C. The deadline for applications is Nov. 19.

## Parkersburg's Poser

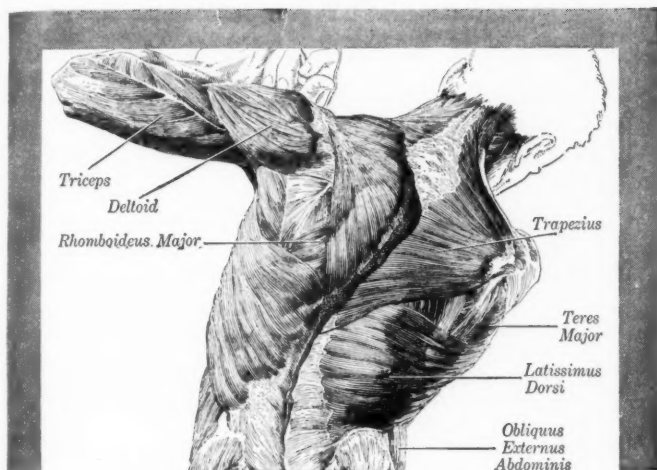
Congressional vocabularies are being strained to the utmost as Senators and Representatives seek the answer to a letter sent them by the Parkersburg (W. Va.) Academy of Medicine. A summary of the inquiry follows:

"The Parkersburg Academy of Medicine, as part of your constituency, is writing you regarding public health. There is much agitation for "health insurance" at the

instigation of those in authority in Washington. We frankly disapprove of the regimentation of medical practice. The medical profession is more than willing to cooperate with agencies honestly concerned in obtaining medical care for the worthy indigent and those of the low-income brackets. We so far have not been asked to help, in other than a perfunctory way, in the formulation of a workable plan under the control of men trained in medicine and medical economics. What we desire is an expression of your attitude that we may, through our influence, convey to your constituents whether we may count on you to oppose this phase of Social Security in the next Congress; or whether you will be aligned against us. We respectfully request a definite statement. We are determined to watch carefully the records and attempt to help elect those men who will fight for the thing we constantly fight for—the health of the American citizen."

## Health Insurance Wins

Beaten, 61 to 60, in the early hours of New York State's Constitutional Convention, [see Sept. 1938 MEDICAL ECONOMICS], health-insurance lobbyists snatched a last-minute victory, 108 to 42, for the new State Constitution's "social-welfare" clause. Bitterly contested, the approved section provides that "protection and promotion of the health of the inhabitants of the State are matters of public concern. . . Provision therefore shall be made by the State and. . . its subdivisions. . . in such manner. . . by such means . . . as the legislature shall. . . determine." Both opponents and proponents construe this as clearing the way for health insurance. Their eyes, hence, are centering on the Commission, created last year by



## RECOMMEND ABSORBINE Jr.

*To speed up removal of toxic waste . . .*

*Relieve muscular stiffness*

**S**PEEDING UP the removal of toxic waste deposits in muscle tissue generally gives relief to the sore, stiff, aching muscle. Absorbine Jr. helps to do this by increasing the velocity of the blood flow through the deeper vessels in the muscle tissue.

And there's no sting or burn when Absorbine Jr. is applied, for there's no strong local irritant or vesicant to effect painful stimulation of the nerve endings in peripheral tissue.

Recommend Absorbine Jr. as a rub for sore, aching muscles. Test it out for yourself! Send for a complimentary professional-size bottle of Absorbine Jr. for your own use. Please write on your professional letterhead.

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**207 Lyman Street**

**Springfield, Mass.**

the State Legislature, to recommend a "long-range" health system. The measures advocated, in the opinion of those attending the Commission's sessions, will cross up politicians by being voluntary, not compulsory.

## Death Rate Falls

As the government gets gloomier about the nation's health, life-insurance statisticians become more optimistic. Announcing the lowest January-to-July mortality among its industrial policy-holders in its history, the Metropolitan Life Insurance Company reports a time of "outstanding health" in the United States. During the seven months, the death rate among the insureds was eight per 1,000 population; 9.3% less than 1937's same period. Meanwhile, health-insured England, in the Ministry of Health's annual report, announces its latest death rate as 12 per 1,000 population.

## Plank of Peace

On one point, at least, Democratic President Roosevelt and Republican ex-President Herbert Hoover agree. That is, the desirability of socialized medicine.

In his recent nationwide radio address, the President expressed the

hope that "on the basis of studies and investigations now under way, the Congress will improve and extend the [Social Security] law" to cover medical services. Meanwhile, it is indicated that even should such legislation be defeated in the next Congress, and the New Deal be ousted in the next Presidential election, the issue will not die. For the Republican 1940 platform will include a socialized-medicine plank. Hoover predicted in an interview at Salt Lake City, Utah.

"It should be in the platform," he said. "I am personally in favor of it."

## Finns to Fight V.D.

Using the American campaign as a model, Finland is planning to establish government clinics to diagnose and treat venereal disease. So revealed [Miss] Kyllikki Pohjala, who studied nursing in the United States but who has become public-health committee chairman of the Finnish Parliament, after observing American public-health methods for two months. Miss Pohjala believes on preventive medicine—particularly in tuberculosis and cancer—ahead of the supposedly progressive Scandinavian countries. Of only one feature of the American V.D. program does she disapprove: its compulsory aspect. This, in the opinion of Ms.

## EXAMINE THE FEET

Weak Arches Usually the Cause of Rheumatoid Pain in Feet and Legs

Most cases of rheumatoid foot and leg pains and tired, aching feet, are traceable to muscular and ligamentous strain caused by weak or fallen arches. Dr. Scholl's Arch Supports give quick relief. They are designed with special orthopedic features adapted to all types of feet. Thin, light, EXTREMELY RESILIENT and adjustable as condition of feet improves. Expertly fitted at Shoe and Dept. Stores and at Dr. Scholl's Foot Comfort Shops in principal cities. \$1. to \$10. a pair. For Professional literature, write The Scholl Mfg. Co., Inc., Chicago.

**Dr. Scholl's** *Foot Comfort*  
**ARCH SUPPORTS**





OCT. 1938

# For Your Anemia Patients

*prescribe*

## McKESSON'S COPPER-IRON COMPOUND



McKesson's Copper-Iron Compound is manufactured under license from the Wisconsin Alumni Research Foundation, Hart Patent No. 1,877,237



The increase in hemoglobin and red cell count is noticeable almost immediately, in nutritional and secondary anemias of infants, children and adults, when you prescribe McKESSON'S COPPER-IRON COMPOUND. And it is a sustained improvement. Many case histories prove this.

McKesson's Copper-Iron Compound is an effectively balanced proteid combination of organic salts of copper and

iron. So, the results are dependable. Your patients will assimilate it easily. It is non-toxic and non-astringent. It does not affect elimination or digestion... does not harm the teeth. It is palatable. So that you may prove these facts for yourself, a professional sample will be sent to you, with an informative booklet you'll be glad to add to your library. Just use the coupon below.

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The Western Electric Electrical Stethoscope amplifies body sounds up to 100 times the intensity obtained with the ordinary acoustic type. It makes body sounds loud and clear. Its filter circuit enables you to suppress normal heart sounds, thus isolating and accentuating abnormal ones.

This instrument has proven useful for consultations. By using two receivers, two doctors now can listen simultaneously to sounds from a single body location.

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**Western Electric**  
ELECTRICAL STETHOSCOPE

Pohjala, violates the rights of citizens in a democracy. In Finland, she says, treatment of syphilitics will not be compulsory, but left up to the patient.

## Swastika Purge

Protest has at last become articulate over two pre-Hitler swastikas adorning the 335-foot chimney of New York Hospital. For months, these symbols, towering over the Manhattan skyline, have irked a group of anonymous New Yorkers. Now they have offered \$1,000 for their removal.

Yielding to anti-Nazi demands, Murray Sargent, hospital administrator-in-chief, stoutly defended the institution's impartiality.

"We have no prejudice ourselves," he said. "But being non-sectarian and being chartered to minister to the welfare of the community, we do not wish to offend anyone."

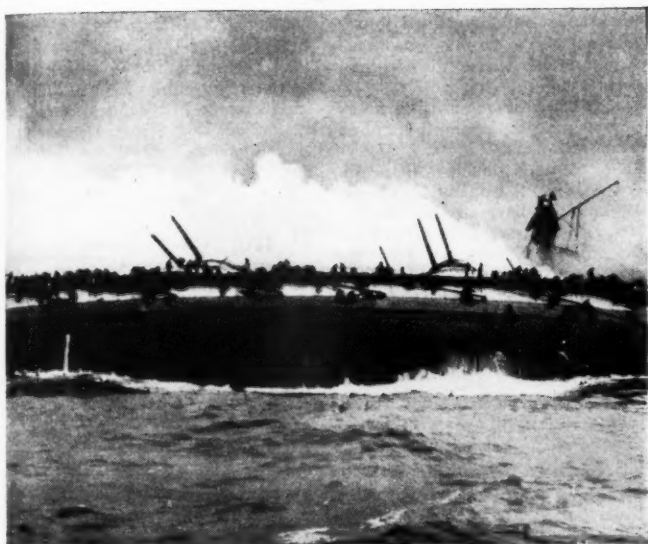
Erasure of the annoying insignia, which date from 1932, is near completion. Harmless Greek crosses will replace them.

## Ungrateful "Garbo"

A physician who turned medical-movie producer and a woman patient who objected to being made the star of his picture tangled not long ago in a Los Angeles suit. The patient wanted \$75,000 because the doctor allegedly filmed her operation. She contended that the movie "invaded her right of privacy."

## Mason-Dixon Misery

President Roosevelt is weighing evidence, collected by the National Emergency Council, that the low-income part of the South is "a belt of sickness, misery and unnecessary



## You are invited to see a great Motion Picture

**T**HE BORDEN COMPANY has produced a magnificent 30-minute talking picture—*The Eighty Years*.

It is a gripping historical document. You see the birth of the automobile . . . the first successful airplane flight . . . scenes from the World War, including the sinking of a huge warship . . . the crowning of one king, the dethronement

of another, the actual assassination of a third. You see, too, how throughout these thrilling chapters of history, Science and Industry—particularly in America—have marched forward.

*This fascinating motion picture is available for showing before your professional group absolutely without charge!*

*If you are interested in enjoying The Eighty Years, simply fill out and mail the application below.*

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(preferred date) or \_\_\_\_\_ (second choice date), at  
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operator. We require 35 mm/16 mm sound film.

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death." The Council testified that—  
 "More people in the Southern area than elsewhere die without medical aid."

"There are only one-third as many doctors per capita in South Carolina as in California."

"The South is deficient in hospitals, . . . clinics, . . . health workers. Many counties have no facilities."

"Its low-income citizens are more subject to disease than the people of any similar area."

"In Southern cities, from 60% to 88% of the families of low incomes are spending for food less than enough to purchase an adequate diet."

"Malaria, . . . reduced the industrial output of the South one-third."

"The funds now being spent for . . . industrial-hygiene services do not meet the problem of protecting and improving the health of these workers."

"In a recent year, [there was] a rise of 7.3% in the death rate in the nine South Atlantic states. . . In no other region had the death rate risen above 4.8%. In some sections, it had declined."

## Pope's Picnic

Like many other practitioners, Dr. Leon Pope, of Grand Junction, Tenn., sought a method of keeping in

contact with children he had brought into the world. His solution was to throw a picnic for several hundred of the 1,500 babies he has delivered in 25 years of practice. Surveying the crowd, Host Pope calculated that three-quarters of his obstetrical cases had been paid for.

## In the Navy Now

When the Navy's new Medical Center opens at Bethesda, Md., some of its best charity patients promise to be Federal government higher-ups. A Congressional act, providing that a naval doctor would attend Congress, has been interpreted as opening the Navy institution to members of both Houses and to Cabinet officials. Congressmen earn \$10,000 a year; Cabinet members, \$15,000.

## Unlisted, Sues

An Ohio physician recently waxed indignant because his name was not in the classified telephone directory, although he had ordered it listed. He sued the book's publishers and the telephone company, won \$3,000 damages.

Both defendants appealed, challenging the plaintiff's right to bring action. This was the higher court's verdict:



# Menstruletts

A Non-Depressing Utero-Ovarian  
**SEDATIVE and ANODYNE**

Relieves menstrual pain without producing a hypnotic effect. Indicated in dysmenorrhea, ovarian neuralgia; to control the after pains of labor and relieve other female disorders. Samples of Menstruletts will be furnished upon request.

JENKINS LABORATORIES, INC.  
 27-29 Clark Street, Auburn, New York

# VISCEROPTOSIS SUPPORTS

After speaking of diet, exercise and medication in the treatment of visceroptosis, a writer\* on visceroptosis continues as follows: "Supporting measures are the most important influences in correction, but the prescribed supportive corset or belt with its pads must be designed and constructed to remedy the actual faults found upon X-Ray examination . . .

Important rules which must be followed are as follows: (a) The corset must first be adjusted while the patient is lying down . . . and the uppermost part of corset or belt must never be pulled tight, but must be worn just comfortably snug so the uplift will not be obstructed. (b) The corset or belt must be removed only during periods when patient is lying down."



A—Showing the stomach well below the crest of the ilium

B—Same patient after application of visceroptosis support

Camp surgical fitters are trained in our schools to observe the rules of the Doctors and to give proper instructions to the patients. Camp visceroptosis supports are always constructed with two strap adjustments in order to allow of the "comfortably snug" adjustment of the upper part of the support.

\*CORCORAN,  
New York State  
Journal of Medicine,  
Jan. 1, 1930

**CAMP** Supports



S. H. CAMP & COMPANY, JACKSON, MICHIGAN  
Offices in New York, Chicago, Windsor, Ont., London, England  
World's largest manufacturers of surgical supports



A contract to list his name clearly existed between company and doctor. When this contract was violated, the doctor had the right to sue. Listing in the ordinary directory, as required by the Public Utilities Commission, is a *minimum*. It neither limits nor bars a subscriber from obtaining something better.

When the publishers assumed responsibility for the directory, it was added, they took over the obligation of the phone company to the doctor. The doctor became a creditor beneficiary, retaining the right to sue the publisher.

## Double Trouble?

National health insurance would nearly double Federal taxation, computes the Citizens' Medical Reference Bureau, of New York City. Using the New Deal's own figures, H. B. Anderson, Bureau Secretary, calculates the costs of the Technical Committee on Medical Care's recommendations as over \$5,000,000,000 annually—or almost a year's present Federal taxes.

Citing the Committee's estimates of \$100 a year per family, \$25 per person, as the price of health insurance, Mr. Anderson points out that this means an annual expense of \$2,600,000,000. Including \$1,500,000,000 proposed for disability compensation, \$850,000,000 suggested for health boards, hospitals, and indigent care, and the \$500,000,000-\$600,000,000 now spent on public medical services, Mr. Anderson arrives at a grand total of \$5,450,000,000. He comments:

"Other billions...[are] likely to be wasted as a result of malingering and competition among states, cities, and towns to obtain the most elaborate...buildings at the taxpayer's expense for so-called 'health centers,' 'medical centers,' and hospitals."

## All for the Kiddies

Latest of groups nominated for "free" governmental medical care is children up to age sixteen. This boon is asked by C. John Russell, of Washington, D. C., national Commander-in-Chief of the U.S. Army and Navy Union. He describes his proposal as necessary for "national preparedness." Reflecting the current trend is the revelation by the Children's Bureau [Department of Labor] that "child health and welfare" laws were passed by 46 states, Alaska, Hawaii, and Puerto Rico last year. This, according to the Bureau, points to increased Federal and state "cooperation."

## Woman Honors Women

Ninety years ago, the United States had one woman M.D. Today there are 7,000. Probably the most enthusiastic gloater over this change is Dr. Elizabeth Bass, of New Orleans, La., herself the first woman member of her medical society and pioneer female faculty member of a Southern medical school for men.

Dr. Bass' hobby is collecting data on women in medicine. Pursuing it has cost her much time, effort, and

# HEP VISC

- REDUCES BLOOD PRESSURE
- RELIEVES THE SYMPTOMS

ANGLO-FRENCH DRUG CO. (U.S.A.) Inc., 1270 Broadway, New York, N. Y.

Sample and Formula Mailed on Request

OCT. 4 1938

# *Modernize and economize* with **Sealex Linoleum**



ON ITS valuable patient-appeal alone—quiet and comfort underfoot, smart, modern appearance—Sealex Linoleum qualifies as the ideal floor for professional offices.

And look at the other advantages! Rock-bottom economy—for Sealex Linoleum, moderate in first cost, wears for years, and requires no costly refinishing. Highest sanitary standards—for Sealex has a perfectly smooth surface, with no indentations to harbor dirt or germs.

Installed by authorized contractors, Sealex Linoleum is fully covered by a guaranty bond. Write for new free booklet, "Sealex Linoleum for Hospital & Professional Offices." CONGOLEUM-NAIRN INC., KEARNY, N. J.

## **SEALEX LINOLEUM**

TRADEMARK REGISTERED

### *Floors and Walls*

expense; taken her over the world; brought her into contact with many famous doctors. The result is what is believed to be the most complete group of autographed volumes, first editions, monographs, photographs, letters, and manuscripts on this subject in existence. Virtually a complete history of feminine practice from ancient Sumeria to the present day, it was recently exhibited for the first time at the Tulane University medical library.

## Alack, Lackawack!

When New York City floods the Lackawack Valley to form a giant reservoir, it will wash out the practice of Dr. Urban T. Kemble, the Valley's only physician. With him will go his patients, inhabitants of the section's three doomed villages; many of whom Dr. Kemble delivered.

Over the operating-room in his cabin-office hangs this sign: "I am the man who signed your birth certificate and who will sign your death certificate. . . I sacrifice my rest, pleasure, strength to comfort you." Dr. Kemble has done just that. No longer can he leave his office. Too many "mercy calls," too many long journeys on snowshoes to reach stricken patients have affected his health.

The Valley has had its own medical economics, its doctor declares. Never did Dr. Kemble go to bed without preparing his medical kit; and he slept, he says, "like an old hound dog on the trail." When he was paid, it was usually not cash but a basket of potatoes, ears of corn, a haunch of venison. Collecting from the younger generation, he reveals, is more difficult. Local remedies were another headache. Earning a living picking wintergreen, the hill folks gained an inordinate re-



*Welcome Relief in Menstrual Disturbances with*

## ERGOAPIOL

(Smith)

These properties enable the physician by symptomatic treatment to ameliorate the distress of amenorrhea, dysmenorrhea, menorrhagia and metrorrhagia of functional origin. Its unusual efficacy arises from its balanced content of all the alkaloids of ergot, together with apiol (M. H. S. Special), oil of savin and aloin. . . May we send you a copy of the comprehensive booklet, "Menstrual Regulation"?

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### INDICATIONS

Amenorrhea, Dysmenorrhea, Menorrhagia, Metrorrhagia, Menopause, in Obstetrics.

### DOSAGE

One to two capsules three or four times daily.

### HOW SUPPLIED

In ethical packages of 20 capsules.

Ethical protective mark. M. H. S. valid only when capsule is cut in half at seam.

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OCT. 4 1938

# RECENT ADVANCES IN THE SCIENCE OF NUTRITION

## II. Newer Knowledge of the P-P Factor and the Control of Endemic Pellagra

● Today the P-P factor is accepted as being closely related chemically to nicotinic acid if, indeed, it is not identical with that compound (1). Nicotinic acid has been used successfully in the treatment of human pellagra (2) and there is evidence to support the belief that the P-P factor is intimately associated with essential enzyme reactions in the body (3). A laboratory test has been devised for the early clinical detection of pellagra (4) and there is today better agreement as to the basic dietary requirements for the management of florid pellagra (1).

While the situation as regards endemic pellagra has, in general, shown improvement during recent years, an occasional report indicates that endemic pellagra still constitutes a major medical problem in some localities (5). Authorities agree that the old adage relating to an ounce of prevention being the equal of a pound of cure applies particularly well in the case of pellagra. Consequently, in specific regions of this country, certain control measures have been advocated in an endeavor to bring this deficiency disease under permanent control. The most promising of these measures are the issuance of yeast rations and popular education to the desirability of home production of foods rich in the P-P factor, especially during late winter and early spring.

The problem of permanent control of pellagra has been clearly and briefly defined as follows:

"The prevention of endemic pellagra is simple in theory but difficult in practice. If every normal person received enough of the foods containing the pellagra-preventive vitamin there would be no endemic pellagra. —Permanent control can be obtained only by bringing about permanent changes in dietary habits" (1).

The correction of those long-standing dietary malpractices which are responsible for pellagra is certain to be brought about only slowly. The concerted and sustained efforts of all agencies concerned with public health will be required, not only to insure observance of the control measures described above, but also to educate the potential pellagrin to the necessity of a varied diet of protective foods.

Commercially, canned foods may play an important part in the current program designed to bring pellagra under control. Several hundred varieties of canned foods are readily available on every American market at all seasons of the year. Judicious inclusion in the diet of those foods known to be important carriers of the anti-pellagic factor (1) should materially assist in effecting permanent control of endemic pellagra in America.

## AMERICAN CAN COMPANY

230 Park Avenue, New York, N. Y.

- (1). 1938. J.A.M.A. 110, 1665.  
(2). 1938. J.A.M.A. 111, 584.  
1938. Ibid. 111, 613.  
1938. Ibid. 110, 289.

- (3). 1938. J.A.M.A. 111, 28.  
(4). 1938. J. Med. Assn. State of Alabama. 8, 52.  
(5). 1938. J. Med. Assn. State of Alabama. 7, 475.



The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.

This is the forty-first in a series of monthly articles, which summarize, for your convenience, the conclusions about canned foods reached by authorities in nutritional research. What phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. Address a post card to the American Can Company, New York, N. Y.

**GONOSAN**

for  
**URINARY  
INFLAMMATION**

**BLAND-ANALGESIC  
DEMULCENT**

To the palliation of distressing symptoms, Gonosan (Kava Santal "Riedel") applies the sedative, demulcent, antiphlogistic properties of purest East Indian sandalwood oil (80%) and the anaesthetic action of selected kava-kava resins.

**Acute and Chronic Cystitis:** A noted urologist, speaking specifically of Gonosan, stated that, "In cystitis especially, it acts as a sedative to the vesical nerves, causing the dysuria to vanish."

**Gonorrhea:** Gonosan reduces the discharge, minimizes pain, soothes irritation and checks chordee. It inhibits the development of the gonococcus and tends to limit the spread of infection and complications.

**NON-TOXIC**

Unlike the reported experiences of newer preparations, there has never been a single instance reported of grave toxic reactions from Gonosan (Kava Santal "Riedel") in the many years it has been prescribed by the profession.

**INDICATIONS**

Gonorrhea, Cystitis, Vesical Catarrh, Prostatitis, Epididymitis, Urethritis, Ureteritis, Pyuria, Pyelitis, Pyelonephritis, Nocturia, Post-instrumental pain.

RIEDEL & CO., Inc., Brooklyn, N. Y.

**WELL TOLERATED**

garg for its curative values. In the spring, they used it as a tonic; the rest of the year as a salve and liniment. Then there were patients like the one who sought Dr. Kemble's cure for the "tissick"—asthma. But first he offered his own.

"You stand the man against the wall of a log house and bore a hole in the wall above his head. Drive a wooden peg in the hole, making sure some of the patient's hair is held in the hole by the peg. When the sick man tears himself loose, leaving several hairs in the hole, he finds himself cured."

When Dr. Kemble asked the patient if he had tested his own cure, the latter removed his hat. He was bald as a coot.

**Squibb's Institute**

Sometime this month, E. R. Squibb & Sons will dedicate the Squibb Institute for Medical Research at New Brunswick, N. J. By late Fall, this \$750,000 laboratory, described as the first in its class to be founded by the pharmaceutical industry, is expected to be operating. Its goal, according to its founders, is medical research comparable to the physics work of the Bell and General Electric Laboratories.

Directing its activities will be Dr. George A. Harrop, former Johns Hopkins University professor of

**For the Eyes**

Following eye injuries, to relieve catarrhal affections of the eye, strain and irritation caused by wind, dust and bright lights—Free sample from The DeLeon Company, Capitol Sta., Albany, N. Y.



**OPHTHALMIC  
Solution No. 2**

(Sol. Oxycyanide of Hg & Zinc)

OCT. 1938

## 12 QUALITY FOODS THAT GIVE BABY MEALTIME VARIETY



GIVING baby sufficient variety in his diet is no longer a problem, for Heinz furnishes you with twelve delicious strained foods made in a quality tradition famous the world over for nearly three generations. You can, with complete confidence, recommend Heinz strained soups, cereal, and all the other tasty fruit and vegetable dishes for the infants in your care. For no name in the food industry inspires greater trust than Heinz! And babies actually *prefer* the

rich flavor, the appetizing color of these superior dishes.

### *Quality Always Uniform*

Heinz Strained Foods are reliably uniform, for they are *scientifically* cooked, strained and packed to insure high retention of vital nutrient factors. Every tin is stamped with the date of manufacture. And all Heinz Strained Foods remaining on dealers' shelves after a limited time are replaced by fresh products!

## HEINZ STRAINED FOODS

**12 KINDS—**1. Strained Vegetable Soup. 2. Peas. 3. Mixed Greens. 4. Spinach. 5. Tomatoes. 6. Beets. 7. Prunes. 8. Apricots and Apple Sauce. 9. Cereal. 10. Carrots. 11. Beef and Liver Soup. 12. Green Beans.

medicine, who will also head the experimental-medicine division. Other division leaders drafted from universities are Dr. Harry B. van Dyke, Peiping Union Medical College, Peiping, China, in pharmacology; Dr. Geoffrey W. Rake, Toronto University, in bacteriology and virus diseases; Dr. Erhard Fernholz, Goettingen and Princeton Universities, in organic chemistry.

Now being arranged are hospital affiliations to supply the staff with clinical facilities; a free ward for fifteen or twenty patients; medical-school fellowships in cancer, syphilis, and other diseases. Among the subjects scheduled for research are surgical shock, measles, pituitary-gland hormones, and vitamin K.

## Rivet Riddance

Missing from hospital reconstruction of the future may be the roaring rat-tat-tat of the riveter; gone the losses caused by the necessary vacating of many rooms during such work. Heavy girders can now be silently "sewn" together by electric welding. At Ellis Hospital, Schenectady, N. Y., where a \$700,000 addition was recently built by this pro-

cess, the work did not disturb patients ten feet away. Measuring the noise, a sound-level meter showed that conversation between patient and nurse was louder than the outside structural work. Revised building codes in many cities have made this type construction possible.

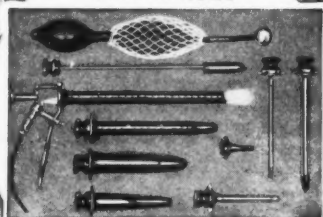
## Boss Must Pay Fee

A doctor may bill an employer for services to an employee, even if the employer does not approve the treatment. So decided New York City's Justice John M. Lewis recently in upholding a \$170 suit brought by Dr. Albert H. Armstrong against a trucking concern whose injured employee he attended. Although the employer did not carry compensation insurance, Judge Lewis ruled:

"It would seem a logical sequence to have the Workmen's Compensation Act, which makes all employers liable for doctor's charges in industrial cases, provide for the adjudication and payment of all such charges in proceedings before the Industrial Board or its arbitration committee as part of the statutory compensation of the workmen. To leave the plaintiff without relief

## All Body Cavities—Both Sexes—All Ages

### "National"



**BODY CAVITY SET**

*Think of all you can do with this most versatile body cavity set*

• The ideal set for general practitioner, gynecologist and surgeon, for the examination and treatment of all body cavities.

• Obturator lock. Magnifying telescope. Prism illumination with flashlight bulb. Molded insulated tubes. Adjustable light beam.

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OCT. 1938

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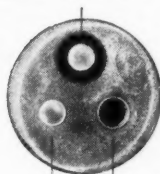


## NEW AND CONVENIENT GERMICIDAL THERAPY..

- 1—In the treatment of vaginal protozoal infestations
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- 4—As an antiseptic jelly for general application

'Caprokol' Jelly is supplied in three-ounce collapsible tubes with and without convenient syringe-type vaginal applicator. *Send for detailed literature.*

'CAPROKOL' JELLY, FULL STRENGTH  
ZONE OF INHIBITION 4 mm.



Calomel Ointment, N. F. Zone of Inhibition 0 mm.	Phenol 1:80, Zone of Inhibition 1 mm.
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'Caprokol' Jelly is definitely germicidal. This cup plate demonstrates its germicidal activity. Zone of inhibition 4 mm. Illustration one-fourth actual size.



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VEN-APIS, biologically standardized VENOM of the HONEY-BEE, is indicated for Muscular Rheumatism, Neuralgias, Acute and Chronic Arthritis, etc. Ven-Apis (Diadermatic) Inunction and Ampules contain standardized amounts of the purified venom obtained from living bees. Write for booklet.

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Pharmaceutical Chemists  
since 1886

# VEN-APIS

## NASAL HALITOSIS

*Much bad breath is exhaled through the nose*

**N**ASAL Halitosis responds quickly to twice daily applications of V-E-M. Masks offensive odors because its pervading aromatic oils cling to the membrane for hours. Recommend V-E-M for daily Nasal Hygiene to protect the accessible membranes against dust, smoke, fumes and pollen. All druggists can supply it.

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Send professional sample of V-E-M (Nasal Ointment with Applicator) for Nasal Halitosis and Nasal Hygiene to .....

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Street  
City

would be contrary to the spirit of the Workmen's Compensation Law. Physicians might well hesitate to treat injured employees without direct authorization from the employers."

## Crops Control Fees

The country doctor's fees still vary with the farmer's crops, a study published in the *Capitol Daily*, Washington newspaper, shows. In New England and the Middle Atlantic states, where rural incomes have been relatively high, medical-service rates of the past decade have increased markedly over the standards of 1910-14. In the West North Central part of the country, however, the doctor's charges fell off sharply with the 1934 and 1936 droughts. During those years, they barely reached 9% above pre-war figures. For the nation as a whole, fees have risen 13% since 1910-14.

## Necrology

On the same day recently died two of the world's outstanding eye specialists: Dr. John Martin Wheeler, 58, of heart disease, at Underhill, Vt.; and Dr. George Edmund de Schweinitz, 79, at Philadelphia, Pa. The outward lives of both men followed the same pattern. Both were winners of the Leslie Dana Medal for prevention of blindness; connected with famous medical schools, (Wheeler, Columbia, and de Schweinitz, Pennsylvania); served overseas; had as patients at least one ruler of a nation, de Schweinitz prescribing President Wilson's famous pince-nez glasses and Wheeler removing a cataract from the eye of King Prajadhipok of Siam. In their medical theories, they differed: Wheeler believing blindness sharpens mentality, de Schweinitz con-

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OXY



Linde makes freely available to hospitals and members of the medical profession up-to-date information on the technical and mechanical phases of oxygen therapy. A new booklet, "Handbook of Current Practices in Operating Oxygen Therapy Equipment," is now ready. Also available are reprints of many articles on oxygen therapy, and a Linde motion picture, "Current Practices in Operating Oxygen Therapy Equipment." Any Linde office will be glad to provide this literature or loan the film, without obligating you.

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**U. S. P.**

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U.S.P.  
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tending it dulled other senses.

Born in Burlington, Vt., Dr. Wheeler graduated in medicine at the University of Vermont in 1905, moved to New York City in 1909. In the late twenties, his reputation began to spread. In 1928, Presbyterian Hospital gave him directorship of its eye service; Columbia University, professorship of ophthalmology; his alma mater, an honorary degree. In 1931, world-wide publicity focused on this Vermont practitioner when the King of Siam travelled halfway 'round the world to receive his attention. Dr. Wheeler successfully removed the King's cataract. Not receiving a bill, the latter wrote Dr. Wheeler. The eye specialist is said to have replied, "The King can do no wrong." The King, according to the story, set his own fee at \$1,000,000; paid promptly. In 1933, Dr. Wheeler became head of the Columbia Medical Center's \$1,500,000 Institute of Ophthalmology. All his life Dr. Wheeler suffered from myopia; in 1935, a tumor developed in his left eye, destroyed its sight.

Philadelphia-born son of a Moravian Bishop, Dr. de Schweinitz attended the University of Pennsylvania Medical School. Beginning as a G.P. in 1883, he soon branched out into his specialty. There followed a succession of honors. He was a former president of the American Medical Association, American Ophthalmological Society, and College of Physicians; vice-president of the Pennsylvania Institution for the Instruction of the Blind; trustee of the University of Pennsylvania Graduate Medical School; honorary mem-

ber of the Royal [England] Society of Medicine, ophthalmological section; honorary fellow of the New York Academy of Medicine. He received honorary degrees from Michigan, Harvard, and Pennsylvania, and from Moravian College; the bronze plaque of the Societe Francaise d'Ophtalmologie, Huguenot Cross of the Pennsylvania Huguenot Society, and the Howe Medal of the A.M.A. for research in ophthalmology.

## "Noble Experiment"?

Paraphrasing an expression that boomeranged on ex-President Hoover, Mrs. Franklin D. Roosevelt recently termed socialized medicine an "experiment." Addressing boy-and-girl delegates from 43 states to a Washington, D. C., 4-H Club meeting, she said: "To be a valuable citizen you must be willing to experiment." Socialized medicine, she added, is a "new movement that is vital to the health and welfare of rural America."

## M.D.'s Fired, Re-Hired

In New York City, 41 W.P.A. physicians are pondering their existence as "footballs" of the Federal administration. Until recently, their jobs in the city's 26 hospitals seemed reasonably secure. They had given 91,000 treatments in out-patient clinics; issued 50,000 prescriptions; and with other W.P.A. hospital workers, according to Hospitals Commissioner Dr. S. S. Goldwater,

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# When the Problem is: An Underweight Child



Originated over 40 years ago, Ovaltine is relied on throughout the world as a supplemental food-beverage in the diet of those requiring special nourishment. It supplies a wide variety of "protective" factors—is easily digested—nourishing.

**Advise this food-beverage rich in Carbohydrates and Proteins  
which supplies 4 Vitamins and 3 Essential Minerals—and is  
extremely easy to digest... A PROTECTIVE FOOD!**

**W**HEN parents complain that their children "have no appetite" and are underweight, frequently the underlying trouble is largely a matter of diet.

When no organic cause is present, the diet is certainly to be suspected. Even in the best families, children's diets are often far from "optimum," as regards the protective factors.

Many physicians are helping to solve this problem by recommending Ovaltine as a twice-a-day inclusion in the child's diet. Ovaltine is very easy to digest and supplies a wide variety of protective factors.

For example, it supplies four important vitamins—Vitamins A, B, D and G. It supplies three essential minerals—Calcium, Phosphorus and Iron... In addition it contains high-quality proteins. It also supplies carbohydrates which are very quickly absorbed.

It makes milk more digestible by decreasing its curd tension. It aids in the digestion of starches (as clinical tests have shown), thereby enabling the stomach to empty sooner and hunger to return sooner.

Thus Ovaltine is in a sense a "protecting" food. It fills a very real place in the diet of children who are in need of special nourishment in an easily digested form.

*Why not advise Ovaltine for underweight children, as well as for elderly people and convalescents, expectant and nursing mothers and others requiring special, extra nourishment?*

**Ovaltine**  
**FOR THOSE WHO REQUIRE  
SPECIAL NOURISHMENT**

**When  
RHEUMATIC PAIN  
just won't be  
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In **TOLYSIN** and **TOLYSIN PLUS PHENACETIN** we offer two products which may be prescribed for their prompt analgesic action, and which will serve to maintain the patient's full confidence in your continued program of treatment.

Each **TOLYSIN** tablet contains the ethyl ester of 6-methyl-2-phenylquinoline-4-carboxylic acid (neocinchophen U. S. P. XI) grains 5.

Each **TOLYSIN PLUS PHENACETIN** tablet contains **TOLYSIN** grains  $3\frac{1}{2}$  and Phenacetin (acetophenetidin U. S. P. XI) grains  $1\frac{1}{2}$ .

Send for professional samples of **TOLYSIN** and **TOLYSIN PLUS PHENACETIN** with literature.

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**The CALCO CHEMICAL CO., Inc.**

SOUND BROOK  NEW JERSEY

A Division of American Cyanamid Company

had saved the city \$1,000,000 a year.

Then a debate arose among Federal and New York City officials. Were the doctors doing "maintenance" or "new" work? "Maintenance work," ruled Washington; firing the doctors. Few knew where to turn. Their salaries had been \$93.27 a month; barely enough to keep alive, not enough to save to start a private practice.

Four days later, President Roosevelt intervened to change the W.P.A. heads' mind. The decision was reversed; the doctors' work was "new." The doctors were re-hired for an "indefinite" period.

## Bans Jewish M.D.'s

The Free City of Danzig is no longer free to its Jewish doctors. In a sudden decision, the local Medical Association has deprived all non-Aryan M.D.'s of the right to practice; effective the first of this month. While it is not certain whether affected physicians will be prevented from treating Jewish patients, it is thought the measure is more sweeping than Germany's.

## Wonder Boy

In a bosky English environment, far from the enervating influence of people, shops, school, and church, a nine-year-old son of vegetarian parents is being raised as the perfect boy. He eats neither meat, eggs, fish, or white bread. And as Sir Leonard Hill, physiologist, tells it in the *British Medical Journal*, the result is a "perfect" child.

In the morning, this human guinea-pig whips up an appetite by trotting five miles to and from church, appeases it with a slice of pineapple. For lunch, he has baked spinach and onion pie (whole-meal crust),

OCT. 4 1938

# Relief for the Arthritic



## Salici-Vess

*Salicylate, Iodide  
with Buffers, Effervescence*

For combined safety and effectiveness in antirheumatic medication. Incorporates two standard medicaments in the convenient, pleasant form of an effervescent tablet.

### THE FORMULA:

*Each tablet contains*

Sodium Salicylate...	7½ grs.
Sodium Iodide.....	1 gr.
Citric Acid.....	17 grs.
Sodium Bicarbonate	25 grs.

The buffered alkalis, sodium

citrate and sodium bicarbonate in Salici-Vess not only enhance the therapeutic effectiveness but reduce toxicity to a minimum.

Note quick relief from pain and muscle spasm following the use of Salici-Vess. Tubes of 30.

Also available—Aspir-Vess (aspirin with alkali buffers); and Alka-Vess (for safe alkalization).

*Write for samples and literature*

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ELKHART INDIANA

cheese, and milk. In the evening he digs into a hearty dinner of two apples, two tomatoes (small), ice cream (small), and an orange, including the skin. Now and then, this is varied with limited amounts of salad, raisins, sour milk, dates, vegetable pie, grapes, honey, bananas, pears, watercress, and cauliflower. The latter is eaten raw.

On this regimen, according to Sir Leonard, the lad has flourished. He is credited with clear eyes and skin, the ability to walk ten miles a day, a liking for out-of-door "air baths" in the nude, brightness in school, and a remarkable chest expansion. He has one dissipation. Once a week, he is allowed cake and bread-and-butter with his tea. It is because of this indulgence, his father says, that he sometimes gets "out of sorts."

### "Cool" Air Cures

Air-conditioning is finding a place in therapy. And at Corey Hill Hospital, Brookline, Mass., Medical Director Dr. Albert G. Young announces that it apparently can eliminate 99% of post-operative pneumonia.

A Massachusetts General Hospital survey shows this lung condition follows from 6% to 7% of all operations. Hence, the interest of researchers in Corey Hill's record of one case in 743 operations. Rigid control of humidity, according to Dr. Young, is responsible. The humidity was kept at 30 in bedrooms and solarium; in operating rooms at 55, to guard against explosion of anesthetic gases.

### Un-Fair to Doctors

New York City doctors who believed the 1939 World's Fair might expand their practices have lost some of their optimism. With P.W.A. financial aid, the local government is rushing construction of a \$350,000 "health center" about one mile from the Fair's site. Ostensibly for the care of maternity, child health, tuberculosis, venereal cases, and health education, the center is expected to be finished in time for World's Fair patronage. To queries as to whether visitors will be admitted, Health Commissioner John L. Rice answered "Yes."


Beyond this, complete emergency facilities are being arranged by the Fair's Department of Medicine and Public Health. On the grounds will be ten first-aid stations, a corps of physicians and surgeons, nearly 100 nurses, ten ambulances, and an x-ray truck. Remembering the six babies born at Chicago's Century of Progress, the authorities will also provide obstetrical attention.

Of special interest to visiting ophthalmologists will be a Broddingnagian model of a human eye. Several spectators will be able to enter it together, view through its "pupil" the Fair grounds.

### Are Tonsils Taxable?

Can patients deduct medical bills from their income tax?

That is the problem being weighed by the U. S. Board of Tax Appeals. The patient is Madge Evans, movie actress, who refuses to pay taxes on

	<p><i>for Prompt Choleric and Cholagogue Action</i></p>
	<p>Its clinical efficacy and its reasonable price have made Duochol the preferred medication of many physicians in hepatobiliary disease. Send for sample.</p>
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... though the convalescent is confined

The convalescent must often abstain from the usual foods and physical activity which help stimulate intestinal peristalsis.

In such cases Saraka® aids in toning and strengthening the intestinal musculature which has become flabby from inactivity. Bland, easily-gliding, lubricating *bulk* (provided by bassorin) mixes intimately with the feces—softening and smoothing them. Frangula, subjected to a special process, is incorporated in an amount sufficient to induce adequate *motility* by its gentle tonic action.

## BULK PLUS MOTILITY

makes Saraka a definite aid in regulating bowel habit. The well-formed stool moves naturally, without griping, digestive disturbances, or annoying leakage.

Saraka is not habit-forming and may be prescribed safely for young and old, and during pregnancy and lactation.

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*For diabetics*—Saraka-D (without sugar).

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Mail the coupon for a clinical supply of Saraka.

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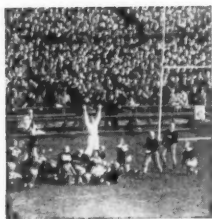
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Offered as a bland alkaline and saline solution, ALKALOL will not irritate the most delicate membrane. It is indicated in inflammatory lesions of the Eye, Ear, Nose, Throat, Bladder and Vagina.

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- 38 years experience
- Prompt shipments
- Washable—no bones
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a \$459.58 doctor-and-hospital bill. She contends that the cost of the tonsillectomy is a "business expense." Contesting this view, the Internal Revenue Bureau asks:

"Who does not get a cold? Who does not have his or her working efficiency reduced by such an affliction? Are, therefore, all tonsil operations ordinary and necessary expense?"

## Who's "Psycho" Now?

Organized psychology has its own interpretation of the Federal government's now-famous survey showing one-third of the people need medical care. Dr. Richard H. Paynter, American Association of Applied Psychologists vice-president, told colleagues convening at Ohio State University that many of these people are not sick, but just think they are. Hence, he concluded, they don't need doctors, but psychologists!

## "Calling All Doctors!"

Just as cruising police cars now take their orders by radio, so the physician may soon receive emergency calls via his automobile radio. Seeking to establish a wireless station to broadcast such calls, the Doctor's Telephone Service, of New York City, has applied to the Federal Communications Commission for a license.

Its receiver, now being developed, would register calls even while the doctor was not in the car. When he re-entered the auto, a signal would notify him of any summons in his absence. He would then phone the central station for the message.

The same organization asked for a permit in 1934. It was rejected. The Commission explained that the radio frequency wanted was re-

OCT. 1938

# IN DIABETES MELLITUS

1938			THIS MONTH				1938	
			1	2	3	4		
5	6	7	8	9	10	11		
12	13	14	15	16	17	18		
19	20	21	22	23	24	25		
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We invite you to test UVURSIN and observe carefully its reaction. Within three weeks you may expect: (1) a marked symptomatic improvement; (2) an improved clinical

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Please send me 27-day supply of UVURSIN without cost or obligation.

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served for experiments. Under revised allocations, however, the frequency is now open to special emergency services.

## In the Ladies' Eyes—

Quizzing an unannounced number of women, the *Ladies' Home Journal* reports that it has obtained a cross-section of the "opinions of the 37,000,000 women in this country." Here's how the magazine sums up the feminine viewpoint on medical economics:

The majority of the ladies are sure their doctors overcharge them. On the other hand, they concede that the bills are not so high as to deny them and their families needed treatment. However, they feel that the government ought to furnish medical aid to limited-income groups, schoolchildren, maternity cases, TB patients, syphilitics, and those with "preventable" diseases. They are willing to pay \$3 monthly to a "medical association" for physician and hospital services. They believe female M.D.'s equal the men, want their doctor to tell them the truth when they are doomed to die, but yearn to live to be 75—or older.

## New Worlds to Conquer?

New medical worlds may soon be brought to the eye of the doctor by a "super-microscope" invented by Drs. Ernst Ruska and Bodo von Borries, of Berlin, Germany. Five feet high, its interior a vacuum, the

instrument is credited with magnifying 100,000 times. Able to convert electrons, tiniest particles of matter into ordinary light, it discloses details far too minute for light to reveal, according to its builders. They hope that it will reveal viruses invisible under ordinary microscopes. Dr. Helmuth Ruska, the co-inventor's brother, is using the instrument in a Berlin clinic in an attempt to identify the causes of "flu" and grippe.

## Society Hails Founder

Star attraction at the Oregon State Medical Society's recent annual session was 88-year-old Dr. Alfred C. Kinney. A former Indian fighter who became a tuberculosis authority, Dr. Kinney is the Society's founder as well as its first and fiftieth president. On hand to greet him were the first babies he delivered: Drs. O. F. Akin and W. B. Morse.

## Bunnies Won't Bundle

New York City's public pneumonia serum supply is short because of Cupid's erring aim. Picking notorious rabbit rones and hussies, the city's Health Department transported them to a cottontail Eden near Monroe, N. Y. There they held coming-out parties for the females, put on a handsome feed, and awaited the appearance of a herd of serum-producers. They are still waiting, with no sign of relief on the horizon. Either the rabbits have been forming platonic friendships or practicing



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Write for literature on indications for Allantoin Ointment.

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M.E. 10-37



OCT. 4 1938

# THE PHYSICIAN HAS PRESCRIBED DANISH OINTMENT

(Tilden)

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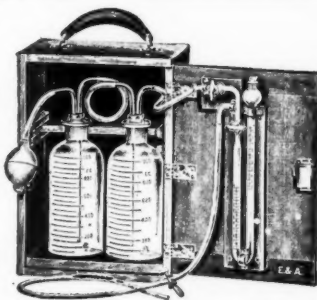
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Hormone Deficiencies

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THE ESTRUS-INDUCING  
Ovarian Follicular Hormone

A biologically standardized preparation of the Estrogenic Hormone in a variety of dosage forms to permit effective treatment.

Estromone yields satisfactory results in vasomotor symptoms of the Menopause, Involutional Melancholia, functional Dysmenorrhea, Gonorrheal Vaginitis in children, senile vaginitis and breast hyperplasia.

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APPETITES

DR. SIEGERT'S

# ANGOSTURA

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Angostura Bitters builds healthy appetites in a natural way... by materially increasing the output of digestive secretions from all the digestive organs. When these are deficient, the appetite is whetted and the tissues of the body are provided with an increased amount of easily assimilable material for metabolic activities. Send for free booklet, "The Secret of our Digestive Glands."

THE ANGOSTURA-  
WUPPERMANN CORP.

155 E. 44th St., New York, N. Y.

birth control, the puzzled expert report. They told City Hall:

"The experiment has failed utterly. The rabbits are living on the fat of the land. They are a disgrace."

## Lift Mail Quarantine

First-class mail from quarantined families to doctors or others is now permissible. A change in the Federal Postal Laws has lifted the ban on collection from mailboxes of rural homes in which there is a communicable disease. Reason: health authorities advised the Post Office Department that handling this mail "would not be likely to transmit the disease to employees or recipients."

## Roman Rhabdomancer

Ancients believed a divining-rod would lead them to gold. On much the same theory, Italy's rhabdomancer, Luigi Schiappacasse of Rome, has built up a nice practice "divining" the sex of unborn infants.

Schiappacasse's boast is that he has succeeded where doctors have failed. In 40 tries, he credits himself with three errors; two in his "science's experimental stages." His patients raise their arms in a Mussolini salute. Then, dangling a pendulum near their hands, he determines the embryo's sex by the pendulum's swing. This, he explains, is affected by the patient's "nervous reactions," which, in turn, depend on the unborn youngster's sex.

Limitations are as nothing to Schiappacasse. He maintains his method is effective from the first days after gestation. Nor does it matter whether the subject is human. Calves, sheep, goats, dogs, cats, and even germinated eggs—he

*Nothing*  
**SUCCEEDS**  
*like*  
**CONTROL**



**McCASKEY METHODS  
 PROVIDE YOU THE  
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Nothing so completely identifies a physician's success as his readiness in answering questions, in handling situations, and in making instant reference to desired record information. It is

the purpose of the McCaskey System for the Physician to establish these factors in every practice in which it operates.

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Nothing so thoroughly establishes patient confidence as ability to recall details of cases, prescriptions, symptoms, etc., days, weeks, months, even years afterward. The McCaskey provides the instant accessibility to record information which makes your memory function to perfection.

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guesses them all. If you don't care about sex, his pendulum will locate you a spring or find a mineral you are seeking. Two of his pendulums are wood; the third, galactite. All are hollow; filled with a chemical substance whose formula he will not reveal.

## No Choice for W.P.A.

Private practitioners accepting W.P.A. patients in the thought that they are compensation cases may whistle for their fees. So ruled New York State's Industrial Commission in a case involving five injured Buffalo W.P.A. workers. The latter were sent to a government hospital although others were nearer. Objectors were the county society, which held this denied freedom of choice of both doctor and hospital as guaranteed in the state's Workmen's

Compensation Law; and the patients, who stated they preferred treatment by their family physicians. One of the latter who attempted to attend his patient in the Marine Hospital, as provided in the Law, was turned away. Called in, the Commission decided:

"When employees are in W.P.A. service, the State of New York has no jurisdiction and the Compensation Law does not cover, as they are employed by and paid 100% by the Federal government."

## Oregon Adopts Indigent

With approval of the State Medical Society, Oregon's State Relief Committee voted unanimously to provide medical care for the State's indigent. Four years in preparation, the plan calls for the S.R.C. to supervise county committees, who will

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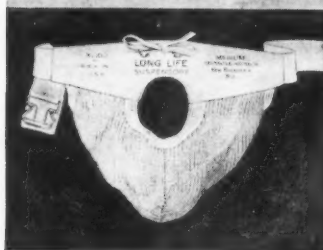
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will accept cut-rates for their ser-  
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## A.H.A. Versus A.M.A.

Clashing with A.M.A. opinion that  
hospital medical service ought to be  
physician-controlled and that hos-  
pital insurance should not include  
anesthesia, x-ray, and laboratory  
work, American Hospital Associa-  
tion trustees have resolved that—

"The hospital's primary obliga-  
tion is to provide and organize all  
services for diagnosis, treatment,  
and rehabilitation.

"Provision of hospital medical ser-  
vices is the hospital's part responsi-  
bility. . . consistent with the rights,  
privileges, and obligations of staff  
physicians. . . Diagnostic and thera-  
peutic procedures by staff members  
constitute the practice of medicine  
in . . . not . . . by hospitals.

"Employment of a physician by a  
hospital is consistent with law and  
ethics. . . does *not* imply the hospital  
is in the practice of medicine.

"Financial arrangement between  
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in the ethics or legality of hospital  
medical practice.

"No one basis of a physician's re-

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muneration is applicable or suitable in all instances; nor should any arrangement permit hospital or physician to exploit the other, or the patient.

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"Responsibility for adequate, economical hospital care... is not the responsibility of hospital trustees and administrators alone but calls for the participation of medical staffs and the medical profession."

## Flatfoot Bogey

To find out why New York City policemen get into difficulties, the local Patrolmen's Benevolent Association recently established a "trouble clinic." A leading police bugaboo, the clinic discovered, was over-large medical bills. It advised cops needing medical care to arrange for it through their police surgeon.

## Births Unlimited

As soon as Puerto Rico's Health Commissioner Garrido Morales returns to the island from the United States, U. S. District Attorney A. Cecil Snyder expects to stop the sale, distribution, or gift of contraceptives; shut the island's eighteen private

## To prevent SYPHILIS and GONORRHEA



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## IS IT Gout?

## IS IT Arthritis?

Soreness, stiffness, slight enlargement of the phalangeal joints (other joints may be involved), impaired motility, or progressive loss of function... particularly manifested about middle-age—such is the symptom-picture many cases present.

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birth-control clinics. Catholic officials hailed his move, which counteracts the year-old moratorium on the Federal anti-birth-control laws. Latest statistics show Puerto Rico's population increasing 40,000 a year.

## No Speeding Allowed

New York City doctors were recently warned that "under no circumstances, while making an emergency call, are they to exceed a 25-mile speed limit, even though it be a matter of life and death." As Dr. I. H. Dolin, of Brooklyn, N. Y., cause of the warning, explained in the *New York Post*:

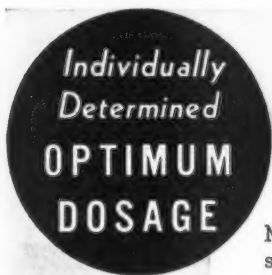
"I received a ticket for speeding . . . while on the way to a patient stricken suddenly with a heart attack. My explanation to the motorcycle officer was of no avail. He

gave me a ticket for speeding 40 miles per hour. . . When I appeared in court after pleading not guilty . . . I was informed by the judge that there was no excuse for any speed above 25 miles per hour, no matter what the extenuating circumstances and that he had no discretion in the matter. . . I was accordingly fined and convicted. . . for the crime of trying to save a human being's life."

To the delay caused by the incident, Dr. Dolin partially attributes the death of his patient.

## Frothingham Fumes

Calling conservative colleagues "stick-in-the-muds" and the A.M.A. survey of medical needs unnecessary, Dr. Channing Frothingham, Massachusetts Medical Society president, proposes:



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## The Comparative Effects of Alka-Seltzer and Aspirin on Heart Function

This is the 8th in a series of biochemical and clinical studies to check the value of Alka-Seltzer as a simple home treatment for the relief of minor, transient discomforts.

In a successive series of experiments it has been shown that the analgesic in Alka-Seltzer is present in the form of an acetylsalicylate (Exp. No. 1); that it exerts a definite antacid effect in the stomach (Exp. No. 2); that it brings about a systemic alkalizing action after absorption (Exp. No. 3); that it tends to hasten gastric emptying time in cases of persistent gastric hyperacidity (Exp. No. 4); that it helps to relieve gastric hyperacidity resulting from alcohol consumption (Exp. No. 5); it is more rapidly evacuated from the stomach than plain aspirin (Exp. No. 6); that it dialyzes more readily than a suspension of aspirin in water (Exp. No. 7).

### RESEARCH PROBLEM NO. 8

To Determine the Comparative Effects of Aspirin and Alka-Seltzer on Heart Function

**Experimental Method.** Normal, apparently healthy, adults both male and female were used as test subjects. Heart function was studied from electrocardiograms made with a General Electric Victor Cardiograph, using the usual technic.

At 8:30 in the morning of each experimental day the subject reported at the laboratory after a fast from food and drink for at least

13 hours. The subject rested on a cot for one hour, at the end of which time he or she received a dose of 2 or 4 tablets of either aspirin with 250 cc. of water or of a similar number of Alka-Seltzer tablets previously dissolved in a like volume of water.

Electrocardiograms were made at intervals both before and after ingestion. These were then submitted to a cardiologist for his interpretation.

**Results.** From a study of electrocardiograms made both before and after the ingestion of aspirin and Alka-Seltzer, it would appear that no changes are apparent other than the normal variation. Therefore, as determined by electrocardiography, neither Alka-Seltzer nor aspirin in the doses given in this study has any significant influence on the function of the heart.

Alka-Seltzer is offered not as a cure for disease but as a simple household remedy for the relief of minor, transient discomforts for which professional care is not usually sought or required.

Alka-Seltzer offers an unusually palatable and convenient method of securing a combined alkaline-analgesic effect for the relief of such minor conditions as headaches, "sour stomachs" resulting from indiscretions in eating and drinking, and as a means of providing an analgesic-alkaline effect during the early stages of a cold.

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"Community Health Service for the indigent; hospitalization and doctor-bill insurance for low-wage groups. Made up of local citizens and physicians, the Community Service Board would work with the local welfare group. Remuneration for doctors would be on a fee basis, rather than salary. There is greater initiative to good work if fees are paid. I would suggest fees be supplied by the local welfare group, or *partly* by a higher government agency; that the insurance plan be built around a small premium. It might be \$10 to \$12 annually."

### Compensation "Chisel"

A legislative investigation into compensation-insurance companies was asked by the Greater New York Hospital Association and the Hospital Association of New York State at a recent conference with State insurance officials. Governor Herbert H. Lehman called the hearing at the request of New York City voluntary hospital authorities. They charged that although their rates, in compensation cases, are only \$5.50 a day, the insurance companies "arbitrarily advised" reduction to \$4.50. Complained Dr. Claude W. Munger, G.N.Y.H.A. president:

"Insurance companies today joy-ride on philanthropy, delay payment of bills, ask special discounts after services are rendered below costs to those injured in industry, and are entirely defeating the purpose for which the Workmen's Compensation Act was created."

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# Cash Awards

## Medical Economics' 4th annual Article Contest

For the most helpful article written by a physician on any topic pertaining to the business or personal side of medicine, Medical Economics will award a first prize of \$50.00 in cash. For all other articles deemed acceptable, it will award cash prizes of \$30.00, \$20.00, and \$10.00, the amount of the prize in each instance to depend upon the judges' evaluation of the article.

Articles may be either signed or anonymous. The purpose of the contest is to stimulate constructive thought and to bring to light sound, practice-building ideas from which the medical profession at large may benefit.

Word limit: 500-2200 words. In view of the shortness of the articles, it is recommended that each one discuss only a limited phase of its subject. Manuscripts should be typed, triple-spaced, and written on one side of the paper only. None will be returned.

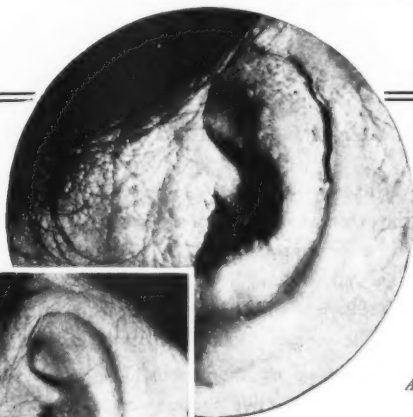
The editors of Medical Economics will decide the winners and notify them by mail. There is no limit to the number of articles a contestant may submit. Manuscripts must be received by noon, February 15, 1939. Address entries to the Contest Editor, Medical Economics, Rutherford, N. J.

**First award \$50. Plus an unlimited number of \$30, \$20 and \$10 prizes.**

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Nov. 6, 1936



Nov. 20, 1936

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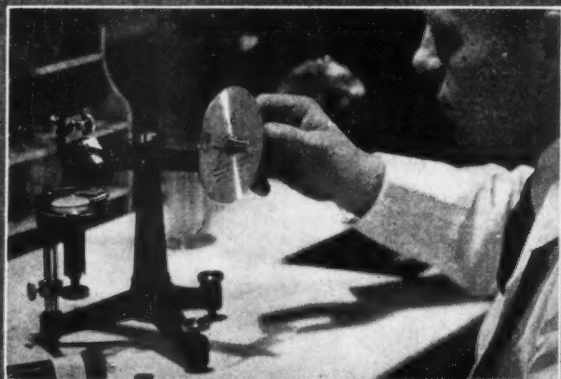
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